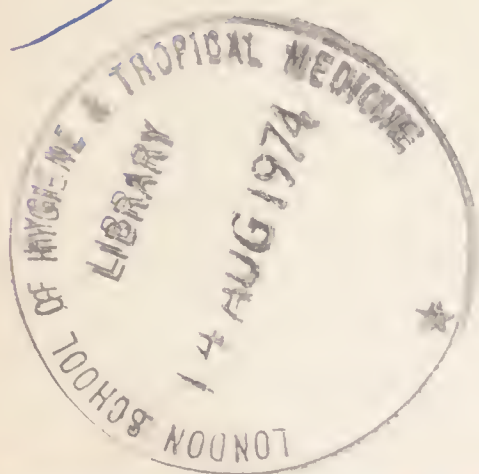


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City of Southampton

# Annual Report on the Community Health Services of Southampton in 1972

**ANGUS McGREGOR**  
M.A., M.D., D.P.H., F.F.C.M.  
Medical Officer of Health



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City of Southampton

# ANNUAL REPORT

on the

COMMUNITY HEALTH SERVICES

For the Year 1972

by

ANGUS McGREGOR,

M.A., M.D., D.P.H., F.F.C.M.

Medical Officer of Health to the City of Southampton

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DEPARTMENT OF COMMUNITY HEALTH  
GROSVENOR HOUSE  
18/20 CUMBERLAND PLACE  
SOUTHAMPTON, SO9 4NX

TO THE RIGHT WORSHIPFUL THE MAYOR, ALDERMEN AND  
COUNCILLORS OF THE CITY OF SOUTHAMPTON

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to report on the health of Southampton in 1972.

This Annual Report, being the penultimate to be produced by a Medical Officer of Health of Southampton, is shorter than in previous years, as it was felt to be essential to get it printed before the end of March 1974.

Progress continued to be made in every aspect of the Department's work, details of which will be found in the body of the report. Concurrently, the health statistics improved.

I have pleasure in acknowledging the support given by you, Mr. Mayor, and all the Aldermen and Councillors.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

ANGUS MCGREGOR,  
*Medical Officer of Health.*



## **HEALTH COMMITTEE**

The Right Worshipful The Mayor (Councillor Robert Joseph McGuirk)

Alderman Crabb

Alderman Mrs. Ironside

Alderman Mrs. Pugh

Councillor Brown

Councillor Ellery

Councillor Foot

Councillor Freemantle

Councillor Mrs. Key

Councillor Rees (Chairman)

Councillor Richman

Councillor Mrs. Sanders

### **Co-opted Members**

Dr. F. Billett

Miss S. Hinks

Mr. E. J. Mintram



## CHIEF AND SENIOR OFFICERS OF THE DEPARTMENT OF COMMUNITY HEALTH

Medical Officer of Health	...	...	Angus McGregor, M.A., M.D., D.P.H., F.F.C.M.
Deputy Medical Officer of Health	...	...	W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
Principal Medical Officers	...	...	Catherine M. Atkins, M.B., Ch.B., M.F.C.M. Jeannette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.
Senior Medical Officers	...	...	Bethan Davies, M.R.C.S., L.R.C.P. A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H. Marthe Lebermann, M.D. W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.S.
Senior Medical Officer (Family Planning) (from 1.4.1972)			Maro Laxton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.P.H.
Senior Medical Officer (Port)	...	...	H. D. Rossiter, M.B., B.Ch., D.P.H.
Medical Officers	...	...	Margaret de Bary, M.R.C.S., L.R.C.P. Angela M. Evans, B.Sc., M.B., Ch.B. Barbara V. Faulk, M.B., B.S. E. Greta Humble, M.B., Ch.B. R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S. Jane MacLean, M.B., Ch.B. R. Manclark, M.R.C.S., L.R.C.P. Dorothy A. Morgan, M.R.C.S., L.R.C.P. J. E. Russell, M.R.C.S., L.R.C.P. Sarah J. Weiser, M.B., B.Ch. Sarah Yates, M.B., B.S., L.R.C.P., M.R.C.S.
Director of Family and Child Guidance			L. R. Bartlet, M.B., Ch.B., D.P.M., D.C.H.
Chief Dental Officer	...	...	Ian H. Maddick, M.A., B.D.S., L.D.S., R.C.S.
Chief Public Health Inspector	...	...	F. Saunders, F.R.S.H., Meat and Foods and Sanitary Science Certificates
Chief Port Health Inspector	...	...	T. Borrows, Cert. R.S.H., Cert. R.S.I. Meat and Foods
Director of Nursing Services	...	...	Miss J. Foulds, S.R.N., O.N.D., H.V. Cert., H.V. Tutors Cert.
Superintendent Health Visitor (resigned April 72)	...	...	Miss E. Clarke, S.R.N., S.C.M., H.V. Cert.
Area Nursing Officer ( ? authority Health Visiting)	...	...	Miss S. Adams, S.R.N., R.S.C.N., H.V. Cert.
Superintendent Home Nursing/Area Nursing Officer ( ? authority Home Nursing)			Miss H. I. Ames, S.R.N., R.F.N., Q.N.

Supervisor of Midwives/Area Nursing Officer (Midwifery)				Miss T. Martin, S.R.N., S.C.M.
Ambulance Officer	...	...	...	G. F. Houldsworth, F.I.C.A.P.
Principal Administrative Assistant			...	W. M. Watts
Senior Administrative Assistant			...	D. A. Quinn, A.C.I.S. R. A. Johnson
Administrative Assistants:				
Statistics and Information	...	...	...	Sandra Baars, B.A. (Hons.) (Oxon), D.M.S.
Personnel	...	...	...	June Bradsell, D.M.A.
Adult Health	...	...	...	Annette Bundy, D.M.A.
Family Planning	...	...	...	Lynne Lockyer, Inter D.M.A.
Health Education	...	...	...	Margaret Sutton, B.A. (Hons.)

# STAFF SUMMARY AS AT 31st DECEMBER, 1972

						<i>Establishment</i>	<i>Actual</i>
Administrative and Clerical Staff	...	...	...	...	...	49 full time 3 part time	49 full time 2 part time
Ambulance Transport Staff	...	...	...	...	...	61 full time	57 full time
Audiometrician	...	...	...	...	...	1 full time	1 full time
Chiropodists	...	...	...	...	...	4 full time 3 part time	4 full time 3 part time
Dental Officers	...	...	...	...	...	8 full time	6 full time 2 part time
Dental Auxiliaries	...	...	...	...	...	3 full time	2 full time
Dental Surgery Assistants	...	...	...	...	...	10 full time	10 full time
Consultant Specialist Orthodontist	...	...	...	...	...	1 part time	1 part time
Dispenser	...	...	...	...	...	1 full time	1 part time
Family Planning Service							
Medical Officers	...	...	...	...	...	2.6 full time	19 part time
Clinic Secretaries	...	...	...	...	...	3 full time	3 part time
Nurses	...	...	...	...	...	3 full time	10 part time
First Aid Officer	...	...	...	...	...	6 part time	6 part time
Manual and Domestic Staff	...	...	...	...	...	89 full time 11 part time	89 full time 11 part time
Medical Officers	...	...	...	...	...	15 full time	11 full time 6 part time
Nursing Services							
Director	...	...	...	...	...	1 full time	1 full time
Area Nursing Officers	...	...	...	...	...	3 full time	3 full time
Nursing Officers	...	...	...	...	...	9 full time	8 full time
Clinic Assistants	...	...	...	...	...	14 full time	12 full time 3 part time
Health Visitors	...	...	...	...	...	44 full time	28 full time 6 part time
Health Assistants	...	...	...	...	...	6 full time	12 part time
Home Nurses	...	...	...	...	...	34 full time	32 full time 4 part time
Midwives	...	...	...	...	...	30 full time	26 full time 2 part time
Nursing Auxiliaries	...	...	...	...	...	6 full time 3 part time	11 part time
School Nurses	...	...	...	...	...	12 full time	12 full time
State Enrolled Nurses	...	...	...	...	...	7 full time	7 full time
School Nurses	...	...	...	...	...	12 full time	12 full time
Physiotherapists	...	...	...	...	...	1.5 full time	3 part time
Port Health Inspectors	...	...	...	...	...	8 full time	8 full time
Public Health Inspectors	...	...	...	...	...	27 full time	27 full time

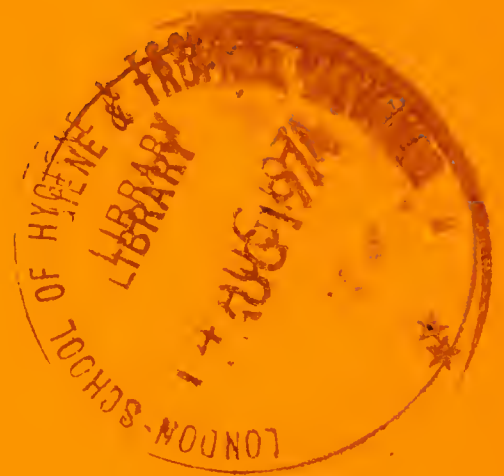
Rodent Officer	...	...	...	...	...	1 full time	1 full time
Rodent Operatives		...	...	...	...	3 full time	1 full time
Speech Therapists	...	...	...	...	...	3 full time	2 full time 4 part time
Technical Assistants		...	...	...	...	3 full time	3 full time
V.D. Prevention and After Care	...		...	...	...	1 full time	1 full time
(Contact Tracers)		...	...	...	...	1 part time	1 part time

# VITAL STATISTICS

POPULATION

BIRTHS AND DEATHS

CAUSES OF DEATH





VITAL STATISTICS

The following are extracts from vital statistics published for 1972:

Registrar General's estimated mid-year population	...	...	213,710	
Area (above high water mark)	...	...	...	12,058.7 acres
Area (foreshore and tidal water)	...	...	...	1,851.3 acres
			South-ampton	England and Wales (Provisional)
Live Births				
Number	...	...	...	3,079 725,405
Rate per 1,000 population	...	...	...	14.4 14.8
Illegitimate Live Births (% of total live births)	...		11%	9%
Still Births				
Number	...	...	...	40 8,794
Rate per 1,000 total live and still births	...	...	...	13 12
Total Live and Still Births	...	...	...	3,119 734,199
Infant deaths (under 1 year)	...	...	...	49 12,494
Infant Mortality Rates				
Total infant deaths per 1,000 total live births	...		16	17
Legitimate infant deaths per 1,000 legitimate live births			16	17
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	...	12 21
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	12 12
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	8 10
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births	...		21	22
Maternal mortality (including abortion)				
Number of deaths	...	...	...	1 —
Rate per 1,000 total live and stillbirths	...	...	...	0.3
Total number of deaths	...	...	...	2,274 591,907
Rate per 1,000 population	...	...	...	10.6 12.1



CLASSIFICATION OF CAUSES OF DEATH

Cause of death	Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	Age in years						65-74	75 and over
					1-4	5-14	15-24	25-34	35-44	45-54		
B4 Enteritis and other diarrhoeal diseases	M	2	1	-	-	-	-	-	-	-	-	-
B5 Tuberculosis of respiratory system ...	F	6	-	-	-	-	-	-	-	-	2	-
B6(1) Late effects of respiratory T.B. ...	M	2	-	-	-	-	-	-	-	-	-	-
B6(2) Other tuberculosis ...	F	1	-	-	-	-	-	-	-	-	-	-
B18 Other infective and parasitic diseases	M	4	2	-	-	-	1	-	-	-	-	-
B19(1) Malignant neoplasm, buccal cavity etc.	F	2	-	-	-	-	-	-	-	-	2	-
B19(2) Malignant neoplasm, oesophagus ...	M	3	-	-	-	-	-	-	-	2	4	2
B19(3) Malignant neoplasm, stomach ...	F	4	-	-	-	-	-	-	-	5	12	5
B19(4) Malignant neoplasm, intestine ...	M	11	-	-	-	-	-	-	-	2	6	7
B19(5) Malignant neoplasm, larynx ...	F	4	-	-	-	-	-	-	-	4	17	8
B19(6) Malignant neoplasm, lung, bronchus	M	26	-	-	-	-	-	-	-	8	12	20
B19(7) Malignant neoplasm, breast ...	F	18	-	-	-	-	-	-	-	4	6	35
B19(8) Malignant neoplasm, uterus ...	M	38	-	-	-	-	-	-	-	5	9	9
B19(9) Malignant neoplasm, prostate ...	F	39	-	-	-	-	-	-	-	2	12	12
B19(10) Leukaemia ...	M	5	-	-	-	-	-	-	-	3	4	4
B19(11) Other malignant neoplasms	F	142	-	-	-	-	-	-	-	14	62	21
B20 Benign and unspecified neoplasms	M	30	-	-	-	-	-	-	-	3	9	21
B21 Diabetes mellitus ...	F	44	-	-	-	-	-	-	-	7	12	12
B22 Avitaminoses, etc. ...	M	16	-	-	-	-	-	-	-	6	6	4
B46(1) Other endocrine etc. diseases	F	11	-	-	-	-	-	-	-	2	4	7
B23 Anaemias ...	M	2	-	-	-	-	-	-	-	-	-	-
B46(2) Other diseases of blood, etc.	F	5	-	-	-	-	-	-	-	-	-	-
B46(3) Mental disorders ...	M	1	-	-	-	-	-	-	-	-	-	-
B46(4) Multiple sclerosis ...	F	1	-	-	-	-	-	-	-	-	-	-
B46(5) Other diseases of nervous system	M	3	-	-	-	-	-	-	-	-	-	-
B26 Chronic rheumatic heart disease ...	F	14	-	-	-	-	-	-	-	-	-	-
	M	20	-	-	-	-	-	-	-	-	-	-
	F	12	-	-	-	-	-	-	-	-	-	-

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# COMMUNICABLE DISEASES

INFECTIOUS DISEASES

TUBERCULOSIS

VD SERVICES



COMMUNICABLE DISEASES

Cases notified were:	
Dysentery	43
Encephalitis	1 (post infective)
Food poisoning	33
Infective jaundice	126
Malaria	2 (contracted abroad)
Measles	59
Meningitis	8
Ophthalmia neonatorum	6
Scarlet fever	28
Typhoid fever	1 (infected abroad)

Infective jaundice was again prevalent, although less so than in 1970. The highest incidence reported was in children of school age.

Seven of the meningitis cases were meningococcal infections, and 2 of these occurred in African children in a good foster home. The first child died within 24 hours of onset, and when the second case became acutely ill three weeks later, the foster parents and a third child were given antibiotics as a preventive measure. The second child recovered, and no others in the household were affected.

A man aged 75 years died of tetanus, three months after admission to a Southampton hospital from a neighbouring rural district. The infection was due to a minor injury to his hand while gardening.

Food poisoning was presumed in 10 cases in which no specific cause was proved. 24 cases of Salmonella infection occurred, 9 in four family outbreaks and 15 single causes. In addition to S. typhimurium, the other types identified were enteritis, indiana, agona, panama and kottbus. The source of these infections was not ascertained, in spite of detailed enquiries into the circumstances.

TUBERCULOSIS

Report by Dr. H. FRASER, Consultant Chest Physician,  
Southampton Central Chest Clinic

Total Attendances 1972

Total attendances during the year	...	...	...	...	...	...	8,091
New patients (Diagnostic Clinics)	...	...	...	...	...	...	1,003
New patients (Contact Clinics)	...	...	...	...	...	...	262

X-Ray Examinations

Chest X-Rays	...	...	...	...	...	...	...	5,810
Tomograms	...	...	...	...	...	...	...	133
Other examinations (including Barium Studies)	...	...	...	...	...	...	...	131
Miniature Chest X-Rays	...	...	...	...	...	...	...	7,715
Total								13,789

The Register

The number of persons on the Register at 31.12.71	...	...	...	817
The number of persons removed from the Register during 1972	...	...	...	138
The number of persons remaining on the Register	...	...	...	679
The number of persons added to the Register during 1972:				
Newly Notified	...	...	...	44
Transfers	...	...	...	4
			Total	<hr/> 48
The number of persons on the Register at 31.12.72	...	...	...	727

**Primary Notifications**

*Respiratory Tuberculosis*

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Male	69	67	56	53	40	43	34	44	49	26
Female	33	32	30	18	17	19	9	18	21	12
Children	10	6	2	3	7	—	3	3	1	2
	112	105	88	74	64	62	46	65	71	40
Men	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Grade 1	21	16	13	19	16	16	11	9	18	10
Grade 2	17	16	11	8	14	11	10	15	11	8
Grade 3	31	36	33	25	10	15	14	19	19	10
Grade 4	—	—	—	2	5	1	—	2	1	—
	69	68	57	54	45	43	35	45	49	28
Women	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Grade 1	5	5	4	3	6	6	3	2	7	4
Grade 2	6	5	5	4	4	3	1	2	6	3
Grade 3	22	27	22	12	6	10	6	13	8	5
Grade 4	—	—	—	1	3	—	1	3	1	—
	33	37	31	20	19	19	11	20	22	12

Grade 1—Sputum direct examination positive (culture positive).

Grade 2—Sputum or laryngeal swab cultures positive (direct negative).

Grade 3—All tests negative.

Grade 4—No tests available.

*Non-respiratory Tuberculosis*

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Male	6	6	6	1	5	2	4	2	4	1
Female	5	2	8	8	5	6	6	8	9	3
Children	—	—	2	—	1	1	1	1	2	—
	11	8	16	9	11	9	11	11	15	4

**Sources of New Cases (Pulmonary)**

General Practitioners										
1. Direct	...	...	...	...	...	...	...	...	...	27
2. After Miniature X-Ray				...	...	...	...	...	...	4
Mass Radiography Unit			...	...	...	...	...	...	...	7
Contact Clinic	...	...	...	...	...	...	...	...	...	3
Others	...	...	...	...	...	...	...	...	...	4
Hospitals	...	...	...	...	...	...	...	...	...	3
									Total	48

**Miniature X-Ray Service**

The number of persons referred by General Practitioners	...	...	2,868
The number found with active pulmonary tuberculosis	...	...	6
Rate per thousand	...	...	2.09



**Death Rate (Registrar General's Statistics)**

Population of Southampton is	...	...	...	...	...	...	...	213,710
Deaths								
Respiratory	...	...	...	...	...	...	...	3
Non-Respiratory	...	...	...	...	...	...	...	—
Incidence per hundred thousand population				...	...	...	...	1.395

**B.C.G. Vaccinated**

Contacts Vaccinated	...	...	...	...	...	...	...	282
Staff Vaccinated	...	...	...	...	...	...	...	134
							Total	416

**Cancer of Lung**

Men	...	...	...	...	...	...	...	58
Women	...	...	...	...	...	...	...	11
							Total	69

There has been a welcome fall in the number of cases of tuberculosis notified during 1972 in contradistinction to the rise in the numbers in 1970 and 1971. The 1972 figure has dropped below the number for 1969 and brings Southampton more into line with the national decline in the incidence of tuberculosis. This is encouraging but gives no grounds for relaxing vigilance in the campaign to control tuberculosis which apart from influenza will clearly be the most important infectious disease in the community for many years to come.

**V.D. SERVICES**

Report by Dr. R. M. WARREN, Director V.D. Services  
The number of new patients attending at the Special Treatment Centre continues to rise: a total of 4,776 (3,968)\* patients was made up of 3,217 (2,712) males and 1,559 (1,256) females.

**Syphilis**

Twelve (15) males with early infectious syphilis were seen and 3 (0) females. Of the male cases four were infected locally and six overseas. All three female cases were infected locally.

During the year four antenatal patients came under our care. In every case treatment protected the splendid infants born to these ladies. Specific serological examination of the baby's blood can now differentiate between a maternal carry-over of antibodies and those antibodies produced by the infant as a result of infection with syphilis.

**Gonorrhoea**

There was a fall in male cases, 362 (406), but a rise in female, 194 (170). This is no doubt due to the progress made in contact tracing. A ratio of 2.1 male cases to 1 female in a seaport is reasonable. The Wessex average is 1.6 to 1, an excellent figure. Of these cases 232 males and 170 females were infected locally. 67 males and 15 females were infected elsewhere in the U.K. and 54 males and 3 females were infected overseas.

14% of the Southampton males were infected by homosexual contact.

**Other Conditions**

Under this heading no fewer than 4,189 (3,340) patients reported. 2,830 (2,272) were males and 1,359 (1,078) were females. This represents an increase of 24.5% and 26.4% over 1971 figures.

*\*Figures in brackets are those for 1971.*

Female cases are increasing nationally at a greater rate than males and the management of female cases is more time consuming.

A more detailed breakdown of cases in this category is as follows:

*Non-specific genital infection including urethritis*

A total of 1,212 reported, 973 males and 239 females.

*Trichomonas*

Trichomonas infections accounted for 193 cases, 5 males and 188 females.

*Candida albicans*

Found in 485 cases, 88 males and 397 females. This particular complaint is well known to the public as 'Thrush' and is the most rapidly increasing aspect of our work.

*Warts*

Warts accounted for 332 cases, 239 males and 93 females. Facilities for day theatre use would be of help here, as will be provided in the service in the future.

# **PERSONAL HEALTH SERVICES**

INTRODUCTION

CARE OF MOTHERS AND YOUNG CHILDREN

IMMUNISATION AND VACCINATION

HEALTH VISITING

DENTAL SERVICE

MIDWIFERY SERVICE

CHIROPODY SERVICE

HOME NURSING SERVICE

HEALTH EDUCATION

FAMILY HEALTH SERVICE

CERVICAL CYTOLOGY

AMBULANCE SERVICE



**PERSONAL SERVICES**

The pace of work in this section again reflected the pressures of increased demand for community services and of preparations for the re-organisation of the National Health Service. These pressures have been both direct and indirect. Directly, the volume of work carried by various sections has been greater. Indirectly, all sections have been involved in planning and in training schemes with 1974 in mind.

In-service training, always a feature of the work of the Department, has been even more prominent. Its value is undoubted but it can cause problems to those trying to maintain a service with a temporarily depleted staff. For example, the Ambulance Service is to be congratulated on handling an increased workload despite having sent seventeen men on training courses during the year.

A ten-day postgraduate course for Child Health doctors was organised jointly by the University Department of Child Health and by this Department. This course was particularly interesting as a forerunner of what "integration" could mean. The course was planned by Professor Normand, of the Southampton Medical School and Dr. Atkins, of this Department, the administrative support was provided by the Post-Graduate Medical Faculty, the lecture sessions were held in Southampton General Hospital and the practical sessions were arranged by the Community Health Departments in Southampton, Portsmouth and Winchester. Doctors attending the course were from the Hospital Service, Public Health Service and General Practice. They particularly commended the educational value of the "broad mix", both in the programme arranged and in those attending. Ventures like this, encouraging inter-service personal contact, will ease the strains of early alliance.

As these strains may sometimes be more apparent than the advantages to be derived from the reorganised N.H.S., perhaps I should refer to one area where improvement may occur. There is some doubt as to the validity of the figures quoted in the paragraph on Notification of Congenital Handicaps. A certain amount of checking can be arranged by our own staff: the rest is dependent on an easier flow of information between the hospital and public health services, which it is hoped will occur in the future.

Mention should be made of the new Family Planning Service. As forecast in my last Report, a direct service was inaugurated in April 1972, smoothly accepting and enlarging the voluntary field hitherto covered by the Family Planning Association. The pioneer work of the F.P.A. has been invaluable, not only to Southampton but to the country as a whole. It is gratifying that this service, like so many others in the past, should pass from a voluntary society to a Local Health Authority before finally being supplied at national level.

**LOCAL HEALTH SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICES ACT, 1946**

**Care of Mothers and Young Children**

The following is a summary of the number of mothers seen at Ante-Natal and Post-Natal clinics held in Local Authority clinics:

<i>Ante-Natal</i>	<i>Post-Natal</i>
4,515	452



### Child Health Clinics

The table below shows the number of attendances of children at the Child Health Clinic and the number of consultations with doctors:

				Children Attending	Consulta- tions with Doctors
Central Health Clinic	...	...	...	1,663	644
Sydney House Clinic	...	...	...	1,790	596
Oatlands House Clinic	...	...	...	2,008	648
Swaythling Clinic	...	...	...	2,810	503
Bitterne Park Clinic	...	...	...	2,052	372
Surrey House Clinic	...	...	...	2,107	622
Hazeleigh Avenue Clinic	...	...	...	1,333	327
Thornhill Clinic	...	...	...	2,588	553
Millbrook Clinic	...	...	...	795	298
Harefield Clinic	...	...	...	1,479	348
Townhill Park Clinic	...	...	...	2,066	425
Sparsholt Clinic	...	...	...	1,720	359
Lordshill Clinic	...	...	...	439	85
				22,850	5,780

### Births

The table below shows the actual number of births in the Authority's area during 1972 as notified under Section 203 of the Public Health Act, 1936 or Section 255 of the Public Health (London) Act, 1936 adjusted by any notification transferred in or out of the area.

				Live Births	Still Births	Total Births
Domiciliary	...	...	...	262	2	264
Institutional	...	...	...	2,804	37	2,841
Total				3,066	39	3,105

### Infectious Diseases

There were no infectious diseases reported in 1972.

### Supply of Welfare Foods

During the year welfare foods were available for sale at thirteen clinics throughout the city. 1972 saw a change in the welfare foods available to the public, orange juice, cod liver oil and A. and D. tablets being withdrawn and A.C. and D. tablets being introduced. The table below provides a comparison between the issues of welfare foods in the years 1971 and 1972.

		1971	1972
National Dried Milk	...	14,458 packets	11,154 packets
Cod Liver Oil	...	1,017 bottles	67 bottles
A. and D. Tablets	...	1,869 packets	365 packets
Orange Juice	...	22,390 bottles	6,560 bottles
A. C. and D. Tablets	...	—	508 tubes
Vitamin drops	...	1,574 bottles	5,196 bottles

Congenital Malformations

Congenital malformations observable at birth are notified on the Notification of Birth Form.

1972 showed little change in the level of notifications, 94 children with 114 malformations, as against 97 children with 115 malformations in 1971. The most common malformation reported were: Talipes, 18; Spina bifida, 6; Hypospadias, epispadias, 8; Anencephalus, 6.

The data gathered is useful not only for epidermilogical purposes, both local and national, but also as a cross check for early supervision of handicapped children. As noted elsewhere, continued effort is made to identify and support all families with handicapped children as early as possible. Discussion is proceeding with other medical fields as to the best way to co-ordinate such supervision.

These congenital malformations are notified to the National Register, compiled by the Office of Population Censuses and Surveys. As some doubt was felt about the validity of the figures, a check was carried out on cases of talipes or congenital dislocation of the hip, previously notified. Of 12 cases of talipes, the diagnosis was confirmed in 2 cases, refuted in 8, and doubtful in 2; of 10 cases of congenital dislocation of the hip, 2 were confirmed and the other 8 were found to be normal.

On the other hand, it was felt by the Children's Hospital that congenital malformations were being under-notified. This could have been possible, but it does seem to have been due in certain cases to failure to distinguish between Southampton city and Southampton district addresses, the latter of course being notified to the County Medical Officer of Health and not to the City Medical Officer of Health.

This problem may be solved after 1974, when Community Health and Hospital intake boundaries should be more closely aligned and when transmission of information should be easier. This will not be a complete answer, however, but it does demonstrate how even a comparatively simple statistic, such as that of a malformation present and noted at birth, requires scrutiny and confirmation. Steps will now be taken to ensure such scrutiny and any notification will be amended if necessary.

VACCINATION AND IMMUNISATION

Details of Inoculations

Table 1—Completed Primary Courses—Number of persons under age 16

Type of Vaccine or Dose	1971	Year of Birth			Others Under age 16	Total
		1970	1969	1968		
1. Quadruple DTPP ...	—	—	—	—	—	—
2. Triple DTP ...	1707	633	64	3	—	2407
3. Diphtheria/Pertussis ...	—	—	—	1	—	1
4. Diphtheria/Tetanus ...	25	13	9	53	23	123
5. Diphtheria ...	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	11	11
8. Salk ...	—	—	—	—	—	—
9. Sabin ...	1736	651	73	64	28	2552
10. Measles ...	1381	897	83	73	19	2453
11. Rubella ...	—	—	—	—	1155	1155
12. Lines 1 + 2 + 3 + 4 + 5	1732	646	73	57	23	2531
13. Lines 1 + 2 + 3 + 6 ...	1707	633	64	4	—	2408
14. Lines 1 + 2 + 4 + 7 ...	1732	646	73	56	23	2530
15. Lines 1 + 8 + 9 ...	1736	651	73	64	28	2552



Table 2—Reinforcing Doses—Number of Persons under age 16

Type of Vaccine or Dose	1971	Year of Birth			Others Under age 16	Total
		1970	1969	1965- 1968		
1. Quadruple DTPP ...	—	—	—	—	—	—
2. Triple DTP ...	—	1	1	—	—	2
3. Diphtheria/Pertussis ...	—	—	—	—	—	—
4. Diphtheria/Tetanus ...	—	19	6	2271	92	2388
5. Diphtheria ...	—	—	—	—	—	—
6. Pertussis ...	—	—	—	—	—	—
7. Tetanus ...	—	1	1	48	335	385
8. Salk ...	—	—	—	—	—	—
9. Sabin ...	—	18	6	2276	316	2616
10. Lines 1+2+3+4+5	—	20	7	2271	92	2390
11. Lines 1+2+3+6 ...	—	1	1	—	—	2
12. Lines 1+2+4+7 ...	—	21	8	2319	427	2775
13. Lines 1+8+9 ...	—	18	6	2276	316	2616

### Vaccination against Yellow Fever

An internationally approved clinic is held at the Central Health Clinic and during 1972 a total of 1697 persons were vaccinated against Yellow Fever.

## COMMUNITY NURSING SERVICE

Director of Nursing Services – MISS JILLIAN FOULDS

1972 proved to be not only a year of change for the Community Nursing Service but also a year of progress towards integration and unification of the health services.

Relationships between Community Nursing Services staff and general practitioners continued to improve and they were strengthened by the introduction of cross-boundary working in April, 1972. This scheme enables City nurses to nurse and visit in the County those patients and families of City doctors to whom they are attached and allows County nurses to do likewise in the City. One result of this was to increase the mileage and time spent on travelling, in some cases as high as 45% of the time taken to make one visit. Nevertheless, the value of close co-ordination and co-operation with the family doctor does nothing but strengthen the team approach and give a better service to the patients and families in their care.

Two more group practices have provided offices for health visitors in their surgeries; this brings the total to four group practices involving twenty-three general practitioners, ten health visitors and four health assistants. A further group practice is offering similar accommodation in 1973. These offices are also used by home nurses and midwives attached to the practices and form a nucleus for the primary care nursing team.

Two temporary health centres were opened in 1972. The first at Lordshill where a block of three town houses was allocated for the use of a general practice, the Department of Community Health and the Social Services Department. Two health visitors are based there working closely with the doctors and social workers in the adjoining premises.

Aldermoor Health Centre came into operation on the 17th August and accommodates the University teaching general practice as well as the Local Authority Services. Community Nursing Service staff are based there and not only undertake their traditional work with their patients and families but also have a teaching commitment to medical students. Practice nursing is undertaken by the home nurses and we see here the ideal situation where the home nursing sister or charge nurse is in charge of all the nursing required for the patients both at the surgery and in the home.

Hospital liaison has continued to develop. The daily liaison by a home nursing sister with the General Hospital, the Royal South Hants Hospital and Fred Woolley House has continued and there is a request in hand to extend this to include the Western Hospital .

Daily liaison with the Maternity Unit continues involving both midwives and health visitors. The attachment of paediatric home nursing sisters to the Children's Hospital was reported in *Link*, the Wessex Regional Hospital Board's quarterly magazine. Health visitor liaison with this hospital's out-patients' department continues.

The attachment of a health visitor liaison officer to the geriatric day hospital at Moorgreen has proved so successful that it has been extended to cover the main hospital and to Thornhill House psycho-geriatric assessment unit.

Also during the year a pilot scheme was established for health visitor liaison to a female medical ward at the General Hospital. The objective of this scheme was to ascertain whether health visiting could prevent the readmission of medical patients, who, although not requiring practical nursing or social work visits after discharge, required some help in learning to live with their condition. This scheme has now been extended to further wards and plans are being made to extend it to cover wards in the Royal South Hants Hospital as well.

Throughout the year, the Community Nursing Service and the hospitals' nursing services have increasingly used each other's staff in the training of students and further in-service training for qualified nurses. There has also been an increase of interchange in meetings and seminars.

In April, 1972, the responsibility for day nurseries, playgroups and child minders was handed over to the Social Services Department. Two part-time health visitors continued to cover the liaison between these services and their health visitor colleagues and to undertake health education in this field.

Also in April the family planning service became the responsibility of the Department of Community Health and former Family Planning Association nurses were absorbed into the Community Nursing Service. There was also an increase in establishment of 0.4 of a post for a further health visitor to be attached to the Family Planning Service.

Arrangements are in hand for all health visitors, midwives and other nursing staff to attend a family planning appreciation course organised by the Family Planning Association.

All sections of the Community Nursing Service have participated in health education programmes in schools, colleges, mothers' groups, clubs, including youth clubs, factories and other organisations. The health visitors have, as is to be expected, played the major role in these programmes, not only as far as the Community Nursing Service is concerned, but in comparison with others in

associated professions. The increase in the number of talks given by community nursing staff is shown in the table below.

	1972		1971	
	Total Talks	Total Audiences	Total Talks	Total Audiences
Health Visitors	673	15,429	560	10,178
Midwives	318	3,553	160	2,191
Home Nurses	5	26	5	62
Contact Tracers	4	140	—	—

August 1972 saw the implementation of the recommendations of the Mayston Committee on the management structure for the Community Nursing Services. The philosophy behind these recommendations was already being applied to the extent that the Community Nursing Service was working to a team approach to family and patient care at officer as well as fieldwork level. Its implementation, therefore caused no disruption to the Community Nursing Service.

To implement the 'Mayston' structure, the city was divided into two geographical areas for the management of home nurses, health visitors, school nurses and auxiliary staff by an Area Nursing Officer, midwifery remaining as a functional area, managed by an Area Nursing Officer who retained her special duty of non-medical supervisor of midwives.

The previous titles of Superintendent Health Visitor, Superintendent Home Nurse and Supervisor of Midwives disappeared and the holders of these posts were assimilated into the posts of Area Nursing Officers. The former deputies, assistants and senior nurses were assimilated into the posts of Nursing Officer except for one member of staff who requested to return to field work.

In April 1972, Miss Clarke who had been Superintendent Health Visitor since 1969 left our service to take up the appointment of Director of Nursing Services to the London Borough of Barking. Miss Sheena Adams was appointed to the vacant post on 1st July, 1973, but took the title of Area Nursing Officer immediately.

In February, 1972, D.H.S.S. Circular 13/72 was received. This circular made recommendations about improved efficiency in Local Health Services with specific emphasis on the deployment of the nursing team.

The main recommendations of this circular were already in operation or in preparation for implementation in Southampton except for the recommendations concerning the ratio of nurses to population. In this respect we are below the national average in all sections of the service, lack of finance being the main obstacle.

Recruitment on the whole was good. There are no problems in recruiting State Registered Nurses, State Enrolled Nurses and Nursing Auxiliaries to home nursing posts. With the introduction of a night rota system and radio-telephone communications, recruitment of midwives improved. Although we started the year by being fully established with health visitors, a number left during the year mainly to undertake family commitments or because their husbands had moved. This situation is to be expected where large numbers of young married women are employed and it was unfortunate that further recruitment, which is always difficult in health visiting, virtually came to a standstill.

Nevertheless, the work of all sections of the Community Nursing Service has increased and will continue to increase with the continued emphasis on community care for all patients and others in need, where this is practical and where there are sufficient supporting services.



Throughout the year nurses from other Authorities and from overseas visited the Community Nursing Service to observe our services. Rarely do we receive positive feed back on the value of these visits but I am pleased to report that Mrs. Rosemary Boucart, a nursing officer from South Australia, who visited this country among others on a Churchill Scholarship to study family planning and paid but a fleeting visit to us, on return home implemented a family planning service based on the 'Southampton Model'.

HEALTH VISITING

Superintendent Health Visitor – Miss E. Clarke (resigned April 1972)  
Area Nursing Officer (Sapiental authority in health visiting) – Miss S. Adams (1.7.72)

During 1972 the work of the health visitor continued to increase and extended further into the hospitals and the field of health education. Although it is impossible to quantify the quality of work done in the field of preventive medicine, statistics do show trends in the work being undertaken. Particularly noticeable is the continuing increase of referrals of adults, particularly those suffering from mental illness, and this reflects the success of the attachment schemes to general practitioners and hospitals.

The table below shows the overall increases over 1971:

	1972	1971	% Increase
Number of new cases	20,369	17,836	14%
Number of new cases of adults referred	3,941	1,013	290%
Number of new cases of mental illness referred	163	133	22%

SCHOOL NURSING

The school nurse has now established her place in the School Health Service by undertaking the practical aspects of the work in schools. She continues to liaise with the child's own health visitor on socio-medical problems and has spent more time on home visiting relating to cleanliness and medical conditions.

School nurses have been given appropriate inservice training and will be undertaking health education to the 5–8 year olds in first schools in 1973.

CONTACT TRACERS (Special Clinic)

In June the staff for contact tracing was increased by one full-time post, making a total of 1.5 posts. This new post is a joint appointment between the city, the county and Southampton University Hospitals. The contact tracers spend part of their time at the clinic and part of their time visiting. They visit homes, brothels, public houses, cafes and places of employment, tracing an increasing number of contacts and defaultive follow-ups. Liaison has been maintained with other statutory and voluntary bodies and they have participated in health education and this part of their work has increased.

The following table shows the increase in work load over 1971:

	1972	1971	% Increase
Visits to contacts	84	{ 249	170%
Visits to defaulters	587		
Letters sent to contacts and defaulters	293	149	103%

## CHEST CLINIC VISITOR

This visitor is attached to the Chest Clinic and works closely with the Chest Physician and her colleagues in the Community Nursing Service. In the past her role was to visit contacts of newly diagnosed patients with tuberculosis and persuade them to attend the clinic for examination, X-Ray and B.C.G. vaccination where appropriate. Today her work includes also a wider field of chest diseases e.g. bronchitis, bronchiectasis, cancer.

In all cases her work includes extensive after-care visiting, essential to prevent recurrence of disease and also to supervise the patients at home, helping them to learn to live with their condition.

She liaises with all sections of this and other departments. She is also involved in cross-boundary working.

## HOME NURSING

Area Nursing Officer (with sapiental authority in Home Nursing – MISS I. AMES Throughout the year there has been a steady increase in the volume of work undertaken by home nurses and to help meet this there has been an increase in establishment. It is planned that in the future each general practice will have attached to it a State Registered Nurse, a State Enrolled Nurse and a Nursing Auxiliary, with extra staff in all three categories for the larger group practices.

The greatest increase in nursing care has been in patients requiring nursing care at night as well as during the day. Night nursing began in August, 1970 as a pilot scheme which became established on 1st April, 1971. It is now necessary to increase the numbers of nursing staff on night duty to meet the rising need.

The night attendant service is managed by home nursing as agents of the Social Services Department as they form an integral part of the night nursing service. Night attendants are still required but difficulty is experienced in recruiting suitable persons to undertake this work.

The following table shows the over-all increase in night visits over 1971:

	1972	1971	% Increase
No. of night visits	15,724	10,065	56.2%

The second greatest increase in nursing care is to patients discharged from hospital after day surgery or within 48 hours of their operations. Each month there are between 100 and 150 persons requiring dressings and removal of sutures. Advances in surgery have made it unnecessary for patients who had a straightforward removal of appendix or repair of hernia to remain in hospital for ten days or more. Many patients attend the practice surgery for removal of sutures: following minor surgery, some patients are able to return to work before their sutures are removed and their morale and general wellbeing appears much improved.

The following table shows the overall increase in early hospital discharges over 1971:

	1972	1971	% Increase
Number of early hospital discharges	1,682	979	71.8%

Throughout September and October home nurses gave influenza vaccine to persons of retirement age and over, patients at risk and to persons who requested vaccination. It is hoped that this will prevent the widespread infection during

the usually treacherous months of January to March.

The table below shows the overall increases in work loads over 1971:

	1972	1971	% Increase
Number of new patients	6,493	5,631	16·8%
Number of patients nursed	7,440	6,680	11·6%
Total number of discharges from hospital	2,727	1,891	44·2%
Total number of visits	153,412	130,008	18·0%

All home nurses are required to obtain the National District Nurse certificate and to date all our staff are fully trained. New staff are already taking their course which is undertaken in conjunction with the City of Portsmouth's community nursing training centre.

In March 1972 a pool car was purchased, funded by the Selwood Bequest, for the use of home nurses whose own vehicle was under repair following accident or normal wear and tear. Previously nurses took annual leave to cover this, but the service can ill afford to lose unplanned absences from work and nurses can ill afford to lose valuable leave needed for recreation.

The demand on the pool car is continuous and it is obvious that we will have to consider purchasing more pool cars, not only for contingency purposes but also for young nurses who cannot afford to purchase their own car, even with the low interest loan given by the Corporation.

**MIDWIFERY**

Area Nursing Officer – MISS T. MARTIN

Southampton city birth rate decreased by almost 10% in 1972, not only in home deliveries and deliveries in Victoria House G.P. Unit, but also deliveries in the Maternity Unit of Southampton University Hospital. This decrease in births did not in any way reduce the work load of the domiciliary midwives as it was countered by an increase in early discharge from the Maternity Unit. Most noticeable is the rise in the number of home visits midwives made and, of these, 270 were to mothers who had been discharged from the Maternity Unit within 24 hours of their baby's birth.

Total number of post-natal and ante-natal visits to patients delivered in the Consultant Unit, G.P. Unit and home for:

1971	34,935
1972	34,509

However, the pressures on the midwives were lessened by the introduction of a night rota scheme in January. All midwives undertake one week's night duty every ten weeks based at Victoria House, a second midwife being on call at home if required. This scheme has enabled midwives to lead more normal lives and they are now "on call" only for twelve hours instead of the former twenty-four hours.

The introduction of radio-telephone communications in April between the domiciliary midwife and the base station at Victoria House has proved to be invaluable. When faced with an emergency at the patient's bedside, the midwife can call for help from the general practitioner or the flying squad without leaving her patient. It also enables the nursing officers to contact any midwife at any time if she is required urgently.

The number of midwives notifying their intentions to practise in 1972 were:

Employed by Southampton University Hospital	67
Employed by Southampton Corporation	34
Private midwives	4



The following table shows the overall increase/decrease in work load over 1971:

	1972	1971	% Increase/ decrease
Number of births	3,099	3,379	—8.3%
Number of home deliveries	261	407	—35.9%
Number of Victoria House deliveries	795	822	—3.2%
Number of maternity unit early discharges	1,391	1,304	+6.6%

## CONSULTANT ANTE-NATAL CLINICS

Southampton is unique in so far as these clinics are held in Local Authority premises, the domiciliary midwifery service providing the midwifery and ancillary nursing staff under the direction of the Area Nursing Officer (Midwifery).

These arrangements are historic commencing in the early 1930's when the nursing was managed by the Health Visiting Section. In 1970, this responsibility was properly transferred to the Domiciliary Midwifery Section, thus ensuring that practising midwives were in charge of all nursing care and the practical teaching of pupil midwives when appropriate. A health visitor is available during booking clinics to take referrals of patients requiring her expertise.

This arrangement has strengthened our links with Southampton University Hospitals Maternity Unit and helped considerably in our preparation for an integrated midwifery service.

## MATERNITY AND CHILD DENTAL HEALTH SERVICES

Report by MR. IAN MADDICK, Chief Dental Officer

The provision of dental services in the city has shown a steady improvement during the year. The appointment of a second consultant in the hospital's Department of Oral Surgery is welcomed. The trend of improved recruitment to both the local authority and hospital staff is paralleled by an increase, for the first time in many years, of the number of dentists in general practice. While these are very welcome it is noticed that there are few practices in the residential areas on the edge of the city.

During the year, a Child Dental Health Working Party has been established comprising dentists from the Local Authority, General Practice, and Hospitals in the district based on Southampton. This is considering the present position and future needs of child dental health services in the area. The exercise has already been proved valuable in improving liaison between dentists working in the area. In addition my staff have joined with other dentists to establish a voluntary week-end dental emergency service for children and joint plans and arrangements have been made with the Oral Surgery Department of the Hospital to improve the cover that we give to handicapped children. A number of our staff are already being trained by Mr. R. A. J. Mayhew, the consultant dental surgeon, for this purpose.

The policy of this Authority in 1970 to concentrate resources on the younger child and the handicapped has undoubtedly provided for a real need. The numbers of pre-school children seen and treated during the last year has again increased. During the year some 2,500 pre-school children were screened and the amount of time devoted to this age group by dental officers rose from 20% to 22½%.



As far as can be ascertained this is far more successful a programme than that being achieved by any other authority in the South of England. It would, of course, not be possible if the city were not well provided for dental services from the general dental practitioners. One can only speak highly of the commitment of dentists in general practice and in hospitals in this area for providing services of a high standard to meet the needs of particularly the older children. Our screening records indicate that by the age of three, at least fifteen per cent of children in this city are already regularly visiting their own family dental surgeons and this remains an area which is generally uneconomic under provision for payment in National Health Service General Practice. The other field where payment for care is unrealistic for dental surgeons in general practice is care of the handicapped. It is therefore encouraging to find that the city's policy has given special emphasis to the care of these groups and it is hoped that through joint planning with our hospital and general practitioner colleagues that it should be possible to develop an effective and efficient service for these groups.

Perhaps a word of warning is required here which relates to the availability of manpower to tackle these tasks. The policy of the city council in 1970 was selective withdrawal of treatment for children over twelve who were receiving and could obtain adequate dental care from general dental practitioners and to utilise the dental staff time so released for groups in need. While the amount of dental staff time given to the twelve plus age group has in fact decreased it should be remembered that this was never very large. It would seem that the success of our service for pre-school children has been so great as not only to swallow up the staff time so released but also to generate further demands from within these groups. It is to be regretted that while the increasing demand was predicted last year the requested increases in staff to meet them were not forthcoming. The probable repetition of this in the coming year will further aggravate the situation and it is doubtful whether it will be possible even to maintain the present level of the service, let alone to deal with new demands. Consequently it may be necessary to assess priorities in the present service which could result in a lowering of standard of care or the lack of availability of care for certain groups within the community.

Our Health Education activities have increased substantially during the year. In the area of the pre-school group we are grateful for the assistance and interest from the Pre-school Playgroups' Association. This has improved our communications with this age group and resulted in a consequent increase in demand on our services. Special mention must be made of the efforts of our two auxiliaries, Miss M. C. Supple and Mrs. K. Sutton, for the pioneering work they have done in a field of which we have very little experience either locally or nationally. The assistance of members of the nursing staff working in this field and the interest they have shown in promoting dental health education in various spheres of their activities has been of great value. There has also been a significant increase in the amount of Health Education given to other groups within the community and this indicates a field which needs to be tackled across the board when we have adequately provided for the pre-school and the school groups. However, it is interesting to see that there is a demand for, and interest in, information from groups which are outside the ones traditionally covered in dental health education and yet which come within the local authority's broad responsibility for health education in the community.

## **CERVICAL CYTOLOGY**

DR. R. MANCLARK reports:

There has been a notable tendency for patients this year to come along with a neighbour who is already attending the clinic or because there is a 'history' of cancer in the family; some patients are part-time Nurses or Midwives who feel that they should come to set an example to their patients.

They all come to be reassured, however, and it is to be hoped that this is now looked upon as a 'well-women clinic'.

Patients who require further tests are told why this is necessary and they are now beginning to realise that our aim is to teach and help them.

1972					
Number of New Patients	...	...	...	...	405
Number of Patients registered	...	...	...	...	3,678
Number of Tests performed	...	...	...	...	814
Number of Tests repeated after five years	...	...	...	...	350
Number of recent Tests repeated	...	...	...	...	59
Number of Cases of evidence of Malignancy	...	...	...	...	0
Number of Cases of Malignancy confirmed	...	...	...	...	0
Number of Inflammatory Smears	...	...	...	...	4
Number of Cases of Trichomonas Infection	...	...	...	...	2
Number of Cases of Cervical Erosion	...	...	...	...	26
Number of Cases of Cervical Polyp	...	...	...	...	25
Number of Cases of Carcinoma of the Breast	...	...	...	...	0
Number of Cases of Diabetes	...	...	...	...	3
Number of Cases referred to their G.P. (for conditions other than Carcinoma of the Cervix)	...	...	...	...	120

All patients receive a report on the result of their test, and a copy is sent to the patient's General Practitioner.

## THE FAMILY PLANNING SERVICE

In April of this year the Local Authority undertook responsibility for all the work previously carried out by the Family Planning Association in this city. This transfer was smooth, and resulted in no change of staff either medical or lay – indeed the lay workers who had previously expressed anxiety all stayed and consolidated the opinion given to the patients that the only change was one of improvement, namely a reduction in cost of supplies and no consultation fee. Into this total Family Planning Service has been integrated the Domiciliary Service which assumes a distinct entity within the greater whole.

At the time of the transfer we had twelve clinics in existence, with fifteen doctor sessions, but during the year three new clinics came into being with nineteen doctor sessions – the Domiciliary Service benefited greatly in this expansion by the opening of the two clinics at Surrey House and Thornhill, and the Direct Family Planning Service through the addition of another evening clinic at East Park Terrace.

A breakdown of the type of clinic is shown below and their numbers compared before and after April 1972.

	April	December
Ordinary Family Planning Clinic	6	7
Domiciliary Clinic	1	3
Hamtnun for counselling of young people	2	2
Psycho-sexual problems	1	1
I.U.D. only clinic	2	2
	<hr/> 12	<hr/> 15



As an experiment an 'Open Door' session staffed by a Family Planning trained nurse was inaugurated on Monday evenings at East Park Terrace, but this did not adequately meet the need: questions were answered and advice given, but it seemed that action rather than words was expected by the public and so the additional Tuesday evening clinic resulted.

During 1972 a total of 1,463 new patients were seen and out of that number, 222 were new to the Domiciliary service. Our previous experience of the difficulty of transferring patients from the Domiciliary Service to ordinary clinics when their circumstances altered or improved, has made this easier to achieve, now that we are approaching our ideal of a free Family Planning Service for all – likewise, the addition of an extra Family Planning Health Visitor, making a total of three part-time Health Visitors (twelve sessions), has enabled us to shed some of the load and give a more efficient home service to a new section of deprived patients. From the figures we calculate that an average of twenty new patients seen per month by the Domiciliary Service rose to forty-seven per month after the addition of two new clinics and a third part-time Health Visitor. Of the contraceptive methods recommended to the patients seen in all types of Family Planning Clinic, oral contraceptives still remain more than three times as frequently prescribed as the intra-uterine device and other methods, such as sheath, diaphragm, etc. a diminishing minority.

The total number of new and old patient attendances at all clinics was 8,109.

I would submit that this has been a successful year with some expansion already established. In the first nine months of this fully comprehensive Family Planning Service provided by the Local Authority, we have been able to feel our way towards a planned extension of the service in 1973.

## **ARRANGEMENTS FOR HOME DIALYSIS**

One privately owned and one Council owned house were adapted to enable two patients to use equipment provided by the Intermittent Dialysis Unit of St. Mary's General Hospital, Portsmouth.

Two previously adapted houses in which the facilities were no longer required were reinstated. The sanction of the Secretary of State under Section 228(1) of the Local Government Act 1933, was necessary in each case to authorise expenditure by the local authority.

## **HEALTH EDUCATION**

The Health Education Service in Southampton has expanded rapidly during 1972, both in the volume of work undertaken and in the different types of person reached. The professionals who have expert knowledge on health topics have been supporting teachers who are building health into education as well as teaching apprentices in industry, Merchant Navy Officers, students in the Teacher Training Colleges, Colleges of Further Education, the University and other Adult and Professional groups.

Many lectures have been held during the year for Teachers, Doctors, Probation Officers, Health Visitors, Midwives, Home Nurses and Hospital staff on a variety of health topics.

Four Committees exist to advise on Health Education; these are composed of the Professionals involved in Health Education, Teachers, Parents and Fifth-formers and these have been very helpful in formulating a policy to bring knowledge about health to the citizens of Southampton.

During 1972, 1,382 talks were programmed to an audience of 39,493.

## CHIROPODY SERVICE

The service is now fully established; it continues to expand and prove able to cope with more patients as chiropodists become more familiar with working in their own areas, caring for their own clinics, domiciliary patients, patients in warden controlled flats, patients in Part III Accommodation and also handicapped people in their areas. The expanding use of appliances had also made the service more efficient, as has the gradual upgrading of chiropody surgeries in Southampton. Some work is now being undertaken by Southampton Chiropody Department in the Geriatric Day Hospital at Moorgreen and in this way Southampton patients attending the day hospital can now have continuing chiropody care. During this year a three-day In-Service Training Course was held for chiropodists in the city and several guest chiropodists were included from Portsmouth and Hampshire. The staff now consists of:

6 full time chiropodists  
1 part time chiropodist

During the year 2,433 patients were treated. This is an increase of 335 over 1971.

## AMBULANCE SERVICE

Report by MR. G. HOULDSWORTH, Ambulance Officer

During the year the number of patients moved by Ambulance and the mileage covered were as shown in the following table:

	Ambulances			Ambulance Car Service	
	Patients Carried	Mileage	Emergency Calls	Patients Carried	Mileage
1970	81,328	334,975	3,878	26,657	119,759
1971	80,621	345,968	3,977	25,907	126,802
1972	81,033	344,880	3,983	30,533	164,771

### Ambulance Service

Of the 81,033 ambulance patients carried during the year, 41,965 were conveyed by dual-purpose vehicles covering a mileage of 133,263.

### Vehicles

No additional vehicles were added to the fleet but the ten dual-purpose vehicles were reduced to six. Four dual-purpose vehicles due for replacement were replaced by four 12 seater Ford Transit personnel carriers. All the thirteen emergency ambulance vehicles have now been fitted with "Entinox" patient self-administered pain relieving apparatus.

### Ambulance Car Service

The Ambulance Car Service continues to be an integral part of the Service. There were some staff changes during the year and the staff now consists of ten full-time and three part-time drivers.

### Staff

There was an increase in the operational staff during the year, four Driver/Attendants being appointed to act on Station relief duties to cover for staff holidays and the increased training programme at the Southern Ambulance Training School, Bishop's Waltham. The operational staff now consists of five Station Officers, four Leading Drivers, forty Driver/Attendants engaged on fully rotating shift duties, and eleven Drivers who are engaged on day work.

**Control**

The Control staff look forward to the completion of the modernisation programme. This will include a telex machine which was installed in December, and more sophisticated radio telephone equipment which will be multi-channel to accommodate the National Emergency Reserve Channel and provide a hospital link.

**Ambulance Sub-Stations**

The new ambulance station for the Eastern side of the city still remains high on the priority list. It is envisaged that this station will provide coverage for the Thornhill, Harefield and Weston housing estates, in addition to Bitterne, Bitterne Park, Townhill Park, Sholing, Midanbury and Bitterne Manor and the appropriate section of the M27 motorway. In the meantime two sub-stations continue to operate on a peak period stand-by system.

**Ambulance Training School**

Fifteen members of the staff attended various courses held at the Southern Ambulance Training School, Bishop's Waltham. These courses consisted of six week basic courses; two week refresher courses and a control room course. Two members of the staff successfully attended a six-day pilot course at Bournemouth Ambulance Service Training School, and are now awaiting the second part of their training which is to be completed in the hospital setting.

**Major Disasters**

There were no major accidents in the city during the year, although the Service attended a live Exercise held at Stoneham Lane, North Stoneham, Hampshire. We continue to liaise with other emergency services and other authorities in order that the efficiency of our own Major Accident plans are maintained.

**Workshops**

The workshop continued to function satisfactorily, carrying out the preventative maintenance scheme for the fleet of 26 vehicles.

**The Motor Vehicles (Driving Licences) Regulations 1970**

Total number of people applying for a driving licence and suffering from epilepsy ... ..	41
Number recommended for grant of a licence ... ..	33
Number not recommended for grant of a licence ... ..	8
Number of people applying for a driving licence and suffering from other disabilities ... ..	27
Number recommended for grant of licence ... ..	22
Number not recommended for grant of licence ... ..	5

**Medical Examinations**

655 questionnaires were examined	
44 full medical examinations advised	
9 candidates were considered medically unfit	
Early retirement medicals ... ..	11
Examinations for other authorities ... ..	22





**SCHOOL  
HEALTH SERVICES**





City of Southampton

# ANNUAL REPORT

on the

SCHOOL HEALTH SERVICE

For the Year 1972

by

ANGUS MCGREGOR,

M.A., M.D., D.P.H., F.F.C.M.

Principal School Medical Officer to the  
City of Southampton

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report of your Principal School Medical Officer on the work of the School Health Service in Southampton for 1972.

This year has seen the normal work of the department continued as shown in the reports that follow. In general the staff situation tends to show an improvement over previous years and it is gratifying to see that where staff resignations occur younger Medical Officers of high calibre are coming forward. In particular, the increase seen in the staff list, of Speech Therapists and Physiotherapists indicates how the service is improving in these areas.

This report could hardly overlook the 1974 reorganisation of the National Health Service as considerable attention during the latter part of the year focused on the preparatory work and the department was actively engaged in producing information and providing representation at meetings concerned with the smooth integration of the health services.

There was much speculation during the year on the position of school health in the reorganisation but it was made clear by the end of 1972 that the School Health Service would become a part of the National Health Service. It is to be hoped that in the enthusiasm to look to improvements in the future our responsibility to the present will not be neglected, because the standards we have reached, particularly in the assessment and care of handicapped children, must be maintained.

I should like to thank the Chief Education Officer and the staff in schools and colleges for their co-operation and emphasise how important is this help in the smooth running of a service of this kind.

I am Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

ANGUS MCGREGOR,

*Principal School Medical Officer.*

## EDUCATION COMMITTEE

### Council Members

The Mayor  
Alderman Mrs. Edmund-Johnson (Chairman)  
Alderman Pettet  
Councillor Brown  
Councillor Clinton  
Councillor Curtis  
Councillor Dawson  
Councillor Dibben (Vice-Chairman)  
Councillor Mrs. Fountain  
Councillor Goater  
Councillor Jerrome  
Councillor Mrs. Leekblade  
Councillor Marshall  
Councillor Morant  
Councillor Minto  
Councillor Pimlott  
Councillor Mrs. Pitter  
Councillor Russell  
Councillor Mrs. Sanders  
Councillor Miss Stephens  
Councillor Vandervelde

### Co-opted Members

Mrs. P. M. Franklin  
Mrs. M. Crane  
Mrs. I. Lewis  
The Reverend Father W. McDonald  
Mr. J. Melmoth  
Mr. H. V. D. Merwood  
The Reverend R. J. Milner, M.A.  
The Reverend A. Nagle, B.D.  
Mr. C. W. G. Sturges  
Professor R. Pedley

### Staff

*Medical Officer of Health and Principal School Medical Officer:*  
Angus McGregor, M.A., M.D., D.P.H., F.F.C.M.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer:*  
W. P. Cargill, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

#### *Principal Medical Officers:*

Catherine M. Atkins, M.B., Ch.B., M.F.C.M.  
Jeanette B. Morrison, L.R.C.P., L.R.C.S., L.R.F.P.S.

#### *Senior Medical Officers:*

Bethan Davies, M.R.C.S., L.R.C.P. until September, 1972  
A. C. Franks, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H.  
Martha Lebermann, M.D.  
H. D. Rossiter, M.B., B.Ch., D.P.H.  
W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.



*School Medical Officers:*

J. Russell, M.R.C.S., L.R.C.P.

R. H. Hunt, O.B.E., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S.R.C.

Sarah Weiser, M.B., B.Ch., until November, 1972

Angela Evans, M.B., Ch.B.

*Consultants:*

Ear, Nose and Throat—

Bernard Sugden, M.B., B.S., M.R.C.S., L.R.C.P., D.L.P. until November 1972

Douglas Worgan, F.R.C.S., F.R.C.S. (Ed) from November 1972

*Consultant Psychiatrists (employed by Wessex Regional Hospital Board):*

L. B. Barlet, M.B., Ch.B., D.P.M., D.C.H. (Medical Director)

Lotte Rosenberg, M.D., D.P.M.

W. H. Allchin, M.A., M.D., Ch.B., D.P.M.

*Educational Psychologists:*

Mrs. M. L. Dickinson, M.A. (Oxon), Dip Ed (Oxon), B.A. (Lond)

Mrs. E. M. Gould, M.A., M.Litt. (part time)

Mrs. E. Marcer, B.A.

Miss M. Cross (from September 1972)

Miss E. Wicks (from September 1972)

*Therapist and Psychologist:*

Miss S. Trussler, B.A.S.W.

*Psychiatric Social Workers:*

Miss J. Moxhay, B.A.S.W.

Mrs. P. M. Bow, B.A.S.W.

Mrs. S. Granville, B.A.S.W. until August, 1972

*Chief Dental Officer—Principal School Dental Officer:*

Ian H. Maddick M.A., B.D.S., L.D.S.R.C.S.

*Senior Dental Officers:*

Mrs. E. M. Earp, B.D.S. until June, 1972

Mrs. F. E. Topan, B.D.S.

*Dental Officers:*

Miss B. H. Black, B.D.S. (part time)

D. T. Davis, L.D.S.R.C.S.

Mrs. K. D. Nijenhuis, L.D.S.R.C.S.

Mrs. G. F. Norton, B.D.S. (from October, 1971)

P. S. Robson, B.D.S., F.D.S., D.Orth., R.C.S. (part time)

J. H. Thomson, L.D.S.R.C.S.

*Dental Auxiliaries:*

Miss M. C. Supple

Mrs. K. Sutton

*Specialists:*

Anaesthetics—Dr. W. L. M. Bigby, M.B.E., M.B., B.S., F.F.A., R.C.S.

Oral Surgery—Miss S. M. Hall, L.D.S.R.C.S.

Orthodontics—P. S. Robson, B.D.S., F.D.S., D.Orth., R.C.S.

*Physiotherapist:*

Mrs. A. Compton, M.C.S.P. (HT), Senior Physiotherapist  
Mrs. D. Callow, M.C.S.P. from October, 1972  
Mrs. P. Beattie, M.C.S.P. from April, 1972

*Speech Therapists:*

Mrs. D. M. Walker, L.C.S.T., A.L.A.M. (Senior Speech Therapist)  
Mrs. J. Hendry, L.C.S.T.  
Mrs. P. A. Brookes, L.C.S.T.  
Mrs. J. Calloway, L.C.S.T. (part-time)  
Miss R. Chapman, L.C.S.T. from October 1972  
Mrs. M. Olden, L.C.S.T.

*Principal Nursing Officer:*

Miss J. Foulds, S.R.N., O.N.D., H.V.H.V. Tutor Cert.

*Chief Administrative Officer:*

W. M. Watts

*Senior Administrative Assistant:*

R. A. Johnson

SCHOOL MEDICAL INSPECTIONS

Report by DR. CATHERINE ATKINS

Consolidation of the system described in previous Annual Reports has continued. The arrangements at school entry and school leaving had necessarily received priority during the reorganisation phase. Now that these were running smoothly, it was time to incorporate the middle schools in the plan. There is no routine medical inspection in these schools, but they are visited annually to examine or discuss progress of handicapped pupils, and to offer rubella vaccination for the oldest pupils. Now it is hoped to arrange for the school doctor to visit at least termly, to become an accepted member of the school advisory staff, and to be available for advice as need arises.

Naturally, to work well, the plan requires a stable staff to encourage trust and spontaneous discussion between the professions. This again depends on a satisfactory career structure and one fervently hopes that the need for this is realised by those planning the major reorganisation of the National Health Service.

Locally, the departure of Dr. Bethan Davies for a senior appointment with the I.L.E.A. was a matter of personal congratulation but of service lament. Her experience in the fields of hearing and E.S.N. handicap in particular, is sadly missed. Fortunately, two newcomers to the staff have shown interest and undergone appropriate training; Dr. de Bary in assessment of the E.S.N. child and Dr. Evans in supervision of the hearing-handicapped child.

School Departments

Analysis of Maintained School Departments and School Population on 1st January, 1973.

School Departments							Number	School Population
Primary	...	...	...	...	...	...	73	25,251
Secondary	...	...	...	...	...	...	17*	10,455
Secondary Colleges	...	...	...	...	...	...	3	1,442
Grammar	...	...	...	...	...	...	1	692
Special	...	...	...	...	...	...	3	363
TOTAL							97	38,203

\*St. Anne's School is not included in these figures as it is a direct grant school and not maintained by the Local Education Authority.

Number of Children Examined

School Departments	Children Examined	Interviews
Primary ... ..	3,796	
Secondary:		
(a) Neighbourhood Comprehensive ... ..	380	1,796
(b) Secondary Colleges ... ..	—	
(c) Other Schools ... ..	76	350
Special:		
Aster House (Spastic) ... ..	20	
Netley Court (Day E.S.N.( ) Juniors) ... ..	105	
Red Lodge (Day E.S.N.) (Seniors) ... ..	180	
TOTALS	4,557	2,146

The overall percentage of parents present at school medical inspection was 82.16%; 97.34% attended with entrants to school and 26.99% with school leavers.

Infestation

The school nurses carried out regular hygiene assessments in schools and the figures below show the results of the visits to the schools entailing 464 home visits:

Number of children on school registers	... ..	38,536
Number of children examined	... ..	23,087
Number of children infested first time in year	... ..	367
Number of children infested more than once	... ..	80

THE SCHOOL DENTAL SERVICE

MR. IAN MADDICK, Principal School Dental Officer

The department's staffing position has remained favourable except that it continues to be difficult to fill all the ancillary posts. It is hoped, however, that it might be possible to overcome this through the use of joint appointments with the Oral Surgery Department of the Hospital.

Despite several members of staff being on extended leave it has been possible to maintain the level of service achieved in previous years. Credit is due to all staff for increased out-put of work and efficiency during this year. Whilst it has been possible to increase the coverage given to most areas in the city it has proved so far impossible to achieve total coverage in one area. The level of service that we can offer in the area of the city covered by Surrey House Clinic remains far from adequate. This coupled with the threefold increase in demand since 1970 in some areas of the city has stretched the dental service to the utmost.

The only way in which this can be met is by an increase in staff. Unfortunately while this was recognised the planned increases in dental posts fell victim of the various financial constraints and appears likely to do so again next year. The situation is not helped by the inadequate number of dental surgery assistants, a fact recognised by the city in 1970 and still not yet rectified.

The arrival of the city's mobile dental clinic in the Spring was a welcome addition to the facilities the department was able to provide. In addition to arousing wide interest both locally and nationally it has proved most useful in the department's work of providing services for the handicapped. It has enabled a more effective service to be brought to this group and the increase in demand suggests that this is appreciated. Thanks are due to our colleagues from the



Architect's Department who have given us every help to allow the mobile clinic to be used at all sites where there was a demand.

There has been a substantial increase in the amount of Dental Health Education carried out by the Department in conjunction with health education programmes planned by the Health Education Section. Increasing numbers of Dental Officers are being involved in this activity and many are now participating in programmes for their own schools. A particularly successful Open Day was held last summer which led to valuable contact in local schools, the University, Colleges of Education, and with other Departments in the city. Our display of cost benefit analysis of preventing dental disease aroused the interest of the Mayor and led to this being shown to several Committees and the City Council.

Following suggestions from the visiting dental officer of the joint Dental Staff for the Department of Education and Science and the Department of Health and Social Security the possibility of de-centralising some of the dental facilities has been considered. The feasibility of so doing was tested by locating the mobile dental clinic on a possible site for a dental surgery and this confirmed that the position would be suitable and convenient for patients. It is, therefore hoped during the coming year to open two dental surgeries in areas of the city that have not previously been well covered.

It is a matter of considerable regret that despite the valiant efforts of the dental staff and our new found ability to attract and hold dentists in the city's Dental Service that they are having to work with ageing equipment in inferior surroundings and premises. There is an urgent need for a realistic policy for the regular replacement of dental operating equipment and for the maintenance and up-dating of premises.

A point of particular concern at a time when the university's new medical school has led to an expansion of hospital facilities, is the failure to provide additional theatre facilities for dental care. This reflects in a failure fully to realise the potential of the new dental consultant who is having in part to use operating time and beds given up by his colleague and therefore resulting in no real gain in terms of specialist service available.

This may also affect the services that we can provide for the previously unmet demand which our programme for the handicapped has highlighted. A number of these people require routine dental care but because of their handicap this cannot be adequately given in a dental surgery. It can however be given if the patient is under a general anaesthetic. While the dental condition does not require the special skills of the dental consultant, the patient's medical condition requires specialist anaesthetics and the support of a hospital. While in the past dental manpower was not available from the already overstretched hospital dental service, local authority dental surgeons are now available to provide the necessary dental care. It is therefore with some regret that the lack of theatre and anaesthetic time described above is likely to jeopardise the service to this group. As a result they will continue to get only an emergency service – the extraction of teeth when in pain. It must be remembered that they, above all groups in the community, will because of their handicap be unable to manage false teeth when all their own teeth have been extracted and will be condemned to a life on pappy food and slops. This group can least afford to lose their own teeth, yet at present because of inadequate facilities are almost certain to do so. It is a pity at a time when the city is able to provide a preventive service and, together with dental surgeons in general practice, a comprehensive first line care service, that for the lack of a reasonable share of expanding hospital facilities the few who cannot be cared for in the community are destined to increasing dental mortality and morbidity.

EAR, NOSE, AND THROAT CLINIC

Mr. Bernard Sugden, Aural Surgeon, held the Ear, Nose and Throat Clinic twice weekly at the Central Health Clinic, East Park Terrace until his resignation in November, 1972 when Mr. Douglas Worgan took his place.

A summary of the work at the Aural Clinic in 1972 is shown in the following table:

Total Attendances	...	...	...	...	...	...	944
New cases for consultation	...	...	...	...	...	...	382
Return cases for review or treatment	...	...	...	...	...	...	562
Tonsils and adenoid operations	...	...	...	...	...	...	65
Nasal and aural operations	...	...	...	...	...	...	12
Audiographs	...	...	...	...	...	...	58

IMMUNISATION AND VACCINATION

Type of Dose							Primary Courses	Reinforcing Doses
Diphtheria/Tetanus/Pertussis	...	...	...	...	...	...	3	2
Diphtheria/Pertussis...	...	...	...	...	...	...	1	—
Diphtheria/Tetanus	...	...	...	...	...	...	86	2,363
Diphtheria	...	...	...	...	...	...	—	—
Pertussis	...	...	...	...	...	...	—	—
Tetanus	...	...	...	...	...	...	11	383
Poliomyelitis	...	...	...	...	...	...	92	2,592
Measles	...	...	...	...	...	...	92	—
B.C.G.	...	...	...	...	...	...	1,156	—
Rubella (German measles)	...	...	...	...	...	...	1,155	—

CHILD AND FAMILY GUIDANCE CLINIC

DR. BARTLET, Medical Director, reports:

Clinic Data

The number of psychiatric sessions held was 517 (only 1 child pre-school). There were 2,509 child and 583 parent attendances for interviews with psychiatrists. The Psychiatric Social Workers conducted 2,045 interviews in the clinic and made 258 home visits.

Breakdown of Work Carried Out:

Consultations	...	...	...	...	...	...	214
Treatments	...	...	...	...	...	...	1,869
Family Group Interviews	...	...	...	...	...	...	42
Reviews	...	...	...	...	...	...	207
Intelligence Tests	...	...	...	...	...	...	360
Educational Tests	...	...	...	...	...	...	356
Remedial Teaching	...	...	...	...	...	...	10
Psychologist's Interviews with Child	...	...	...	...	...	...	13
Parent Interviews	...	...	...	...	...	...	2,685 (Psychiatrist P.S.W. Psychologist)



*Total Referrals—Sources of Referral:*

Doctors from various clinics	...	...	...	...	37
Hospitals	...	...	...	...	7
Private Doctors...	...	...	...	...	73
Health Visitors	...	...	...	...	5
Head Teachers	...	...	...	...	42
Chief Education Officer	...	...	...	...	11
Chief Constable and Probation Officers	...	...	...	...	7
Social Services Department	...	...	...	...	34
Parents	...	...	...	...	19
Speech Therapist	...	...	...	...	2
Psychiatrists	...	...	...	...	5
Court Welfare	...	...	...	...	3
Family Casework	...	...	...	...	2

**Staff Changes**

Dr. H. Edkin, Senior Registrar, left the clinic to return to South Africa; he was replaced by Dr. Leon Petchkovsky who was formerly on the staff of Booth Hall Hospital, Manchester.

Mrs. G. Granville, Psychiatric Social Worker, left in August 1972. Through our inability to recruit staff, she was unreplaced.

Our disappointments on the social work scene are partially offset by the improvement on the psychological side. Two full-time Educational Psychologists, Miss M. Cross and Miss E. Wicks, joined the staff in September 1972, greatly strengthening Mrs. Dickinson's group.

**Features of the Year's Work**

By the end of 1972 the waiting list stood at an unhappily high level. By December, new referrals were having to await up to 9 months for first appointments. The annual returns show a significant fall in the number of new cases attending for diagnostic assessment. In contrast, treatment-attendances reached a record high. This operational pattern is consistent with the staff's impression that a higher proportion of the children referred are seriously disturbed. Perhaps this means that referral agencies are more sophisticated than they once were, and as a result fewer non-disturbed children reach us; in parallel, a greater proportion of the city's disturbed children are brought within reach of the Clinic's services.

The Clinic's inability to deal effectively with the work load is a cause for concern. The staff have studied the problem and there is general agreement that the shortage of Social Workers is the principal ailment afflicting the Clinic. Until the establishment for these workers is strengthened and recruitment improved, our troubles will persist. The Social Workers are the backbone of the service, as they organise the clinical work, support the parents, and liaise with other agencies.

The prospects for 1973 are far from promising. There may have to be cutbacks in some of the present services. Dr. Bartlet's support to Hope Lodge School for Autistic Children may have to be withdrawn. Regular teaching of medical students will begin in September. But this welcome commitment must not lead to an even longer waiting list.

**SPEECH CLINIC**

Report by MRS. D. M. WALKER, Senior Speech Therapist  
The attendances at Speech Clinics during 1972 are shown below:

Clinics						Sessions	Attendances
East Park Terrace	...	...	...	...	...	28½	872
Harefield	...	...	...	...	...	7	14
Oatlands House	...	...	...	...	...	137	831
Sydney House	...	...	...	...	...	49	270
Surrey House	...	...	...	...	...	56½	236
Millbrook	...	...	...	...	...	61	327
Swaythling	...	...	...	...	...	78	522
Bitterne Park	...	...	...	...	...	36	110
Thornhill	...	...	...	...	...	41½	207
Home and School Visits	...	...	...	...	...	480	2,905
TOTAL						1,227½	6,294

Treatments given	...	...	...	...	...	5,368
Consultations	...	...	...	...	...	543
Check examinations	...	...	...	...	...	383
Children on register 31st December	...	...	...	...	...	973
Children discharged	...	...	...	...	...	356
Children on Waiting List—						
(a) for first consultation	...	...	...	...	...	152
(b) for check examination	...	...	...	...	...	196

**MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO COURSES OF TRAINING**

As requested by the Department of Education and Science, arrangements were made to examine medically candidates for teaching posts (18 male, 26 female) and 252 candidates applying for admission to Training Colleges (95 male and 157 females).

**DEAF AND PARTIALLY HEARING CHILDREN**

Report by DR. ANGELA EVANS

Dr. Bethan Davies left the department in October to start a year's M.Sc. course at the University of Manchester Department of Audiology and Education of the Deaf, before taking up a post in audiology at Guy's Hospital, London.

At the end of 1972 there were 18 deaf children on the register, and 97 partially hearing, with a further 225 on the observation register. Of the deaf and partially hearing group, 47 are in special classes, namely the Nursery and First School Units at Banister First School, the Middle School Unit at Tanners Brook Middle School, and the Secondary Tutorial Unit at Hightown Secondary School. Thirteen are at residential schools, 15 are of pre-school age and 20 children have multiple handicaps.

The continuing aims are for the provision of an efficient screening service for all children at predetermined intervals, and the thorough assessment and training of those who fail hearing tests or who fail to develop normal speech at the expected time. In furtherance of these aims, a close liaison persists between the school health service, otologists, teachers of the deaf, careers advisors, the Child Guidance Clinic and the University Institute of Sound and Vibration Research.

## **SPEECH HANDICAPPED CHILDREN**

At the end of 1972 there were 64 children officially registered as having a speech handicap, and of these 50% have a subsidiary handicap. A further 41 children are on the observation register, and of the whole group, 18 are in special classes in Southampton schools, 2 are at residential school, 18 are of pre-school age and 25 multiply handicapped.

The importance of early referral for assessment and therapy, and of recognition of the child with a primary language disorder, is emphasised. The benefits of integration of the speech-handicapped child with his peers at a playgroup, ideally complement time spent with the individual by speech therapists. Their special help continues at the infant school special classes, and at those other schools where a higher than average proportion of pupils needs treatment. Placement of children with severe language difficulties remains a much-debated problem.

## **DELICATE CHILDREN**

DR. SKINNER reports:

Asthma still remains a frequent cause of handicap in many children. The majority of children with this complaint are all to remain at ordinary schools and to maintain a reasonable attendance with the aid of suitable drugs. More than 200 pupils are under observation for asthma and other similar allergic conditions in Southampton Schools. The more difficult cases are in residential schools. The total number of children in this handicap category, away from home, is 26, and just over half of these are due to allergic conditions.

## **EDUCATIONALLY SUBNORMAL CHILDREN**

Children with learning difficulties of varying degree always comprise the most numerous, and probably the most disparate, group of handicapped children. Numbers have increased, particularly in the observation section of the register, i.e. those for whom special educational placement was not thought necessary. This may be in part due to the increasing time now available for work with children with problems, as routine work is rationalised; and in part to greater help now available from the additional educational psychologists on the staff.

One continues to be very grateful for the facilities available in the city for the very young, rather severely handicapped children, in particular those offered by two voluntary organisations – the Southampton Society for Mentally Handicapped Children, which provides the Bonhomie Nursery, and the Spastic Society with facilities for multiply handicapped children. As results become increasingly apparent of efforts to detect and help children at a very early age, the need for special provision at school entry grows. An increase in the three Special Infant Classes would be very welcome. When first started, they could frequently offer a place to three or four year olds. Now, unfortunately, they cannot even accept all five year olds recommended.

A further problem has arisen in consequence of more stringent standards now being applied to class numbers in Ridgeway House School, since it passed from being the responsibility of the Health Committee to being that of the Education Committee. It is advantageous to children already in school to reduce the number on roll by three pupils per class. Unfortunately this has entailed refusing admission to five and six year olds, which has caused problems. It is hoped that a temporary solution can be found, while awaiting the permanent answer of a second, new school.



## **EPILEPTIC CHILDREN**

DR. SKINNER reports:

The overall picture of epilepsy among school children in Southampton has changed very little in the five years from 1968 to 1972. The number on the official register over this period and in residential schools remain remarkably static, being about 20 and 3 respectively. There has been an improvement in treatment and hospital staff are willing to reassess and otherwise help with difficult cases. Co-operation with the new Employment Medical Advisory Service remains a very important part of the School Health Service, especially with regard to pupils with epilepsy.

## **REPORT ON HAEMOPHILIAC SCHOOL CHILDREN**

By DR. M. LEBERMANN

During 1972 three Southampton school children between the ages of six and fourteen were known to be suffering from haemophilia and a six year old boy from Glanzmann's Disease. The three boys who suffer from haemophilia have done reasonably well during the year. The oldest one, a fourteen year old boy who is resident in Treloar College in Alton, had some bleeding episodes during the year. They were well controlled by Cryoprecipitate. He presented a behaviour problem at school, but improved towards the end of the year and became better adjusted and more stable. His last school report was much improved.

His younger brother had a very good year. Apart from mild attacks of epistaxis he had no bleeding episodes, a considerable improvement from last year.

The third boy aged six had no serious bleeding episodes this year, and needed treatment with Cryoprecipitate packs for bruising on only three occasions. His parents found a dentist who was prepared to treat his carious teeth conservatively, protecting him from the danger of extractions. Educationally, he has done very well, and joins in all school activities.

The boy who is suffering from Glanzmann's Disease has had some bleeding episodes following on fights, but required only First Aid Treatment.

During 1972 these haemophiliac boys were not handicapped in their educational progress nor their physical health, a most encouraging and satisfactory development.

## **PHYSICALLY HANDICAPPED CHILDREN**

DR. ANTHONY FRANKS reports:

There are 302 children on the physically handicapped register. Of these, 87 are registered as physically handicapped pupils and 12 attend special residential schools elsewhere. Many children, although handicapped, go into normal schools – the special day school for physically handicapped – Aster House – takes pupils from both city and county and is moving to a larger school in Lordswood in 1973. In the areas of the town at Millbrook, Portswood and Thornhill specials classes exist at the local First Schools for handicapped children. The handicaps are various – the most common being Cerebral Palsy (31) and Spina Bifida (22).

Difficulties in school placement are discussed at monthly meetings of the combined clinic where Specialists, Psychologists and others advise on each child. Residential placement may be necessary for social or environmental reasons.

Sixteen Southampton children continued to enjoy a special horse riding class at Brockenhurst weekly during term-time and the children show much benefit from this recreation.

# **CLASSIFICATION AND PLACEMENT OF HANDICAPPED PUPILS DURING 1972**

## **Examination of Physically Defective Children**

						Male	Female
Residential School for Physically Handicapped	...					1	1
„ Speech Handicapped	...					—	2
„ the Delicate (open air)	...					4	5
Special Class, Ordinary School	...	...				8	4
Ordinary School	...	...	...	...	...	36	17
Deferred	...	...	...	...	...	44	35
Other Examinations	...	...	...	...	...	9	5
Not Handicapped	...	...	...	...	...	7	7
					TOTAL	109	76

## **Examination of E.S.N. Children**

						Male	Female
Special Day School	...	...	...	...	...	34	15
Special Residential School	...	...	...	...	...	6	2
Special Class, Ordinary School	...	...	...	...	...	21	10
Ordinary School	...	...	...	...	...	32	25
Deferred	...	...	...	...	...	8	2
Not Handicapped	...	...	...	...	...	8	3
					TOTAL	109	57

## **Handicapped pupils on Register 31.12.72**

					Official Regis- ter	Subsi- diary Defects	Total	Obser- vation
Blind	...	...	...	...	8	5	13	—
Partially sighted	...	...	...	...	10	4	14	11
Deaf...	...	...	...	...	15	3	18	—
Partially hearing	...	...	...	...	91	6	97	225
Educationally sub-normal	...	...	...	...	621	27	648	195
Epileptic	...	...	...	...	9	12	21	89
Maladjusted	...	...	...	...	99	4	103	123
Physically handicapped	...	...	...	...	86	32	118	211
Speech	...	...	...	...	32	32	64	41
Delicate	...	...	...	...	53	8	61	398
Total number on Register	...	...	...	...	1,024			

## **Admissions to Special Schools**

							No. of Children
Physically Defective	...	...	...	...	...	...	14
Educationally Sub-normal	...	...	...	...	...	...	101
Maladjusted	...	...	...	...	...	...	33



## Handicapped Pupils in Special Schools and Homes at 31st December, 1972

Category									No. of Children
Blind	...	...	...	...	...	...	...	...	7
Partially Sighted	...	...	...	...	...	...	...	...	4
Deaf	...	...	...	...	...	...	...	...	11
Partially Hearing	...	...	...	...	...	...	...	...	2
Delicate	...	...	...	...	...	...	...	...	24
Physically Handicapped (residential)	...	...	...	...	...	...	...	...	12
Physically Handicapped (day)	...	...	...	...	...	...	...	...	21
Epileptic	...	...	...	...	...	...	...	...	3
Maladjusted (residential)	...	...	...	...	...	...	...	...	64
Maladjusted (day)	...	...	...	...	...	...	...	...	26
Educationally Sub-normal (residential)	...	...	...	...	...	...	...	...	31
Educationally Sub-normal (day)	...	...	...	...	...	...	...	...	363
Assessment Classes:									
Portswood Primary School	...	...	...	...	...	...	...	...	18
Wimpson First School	...	...	...	...	...	...	...	...	16
Thornhill First School	...	...	...	...	...	...	...	...	21
Partially Hearing Units:									
Mount Pleasant First School (now Banister Deaf Unit)	...	...	...	...	...	...	...	...	25
Tanner's Brook Middle School	...	...	...	...	...	...	...	...	21
Hightown Comprehensive School	...	...	...	...	...	...	...	...	13
Speech Defect	...	...	...	...	...	...	...	...	3

## SCHOOL MEALS

The total number of meals served during the year was 4,150,305.

On a day in 1972 when figures were supplied to the Department of Education and Science for School Meal Statistics there were 20,011 children taking meals. The percentage of free meals was 17%.

DEPARTMENT OF EDUCATION AND SCIENCE  
STATISTICAL RETURNS

Year Ended 31st December, 1972

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1973: 38,536.

Part I—Medical Inspection of pupils attending maintained primary and secondary schools (including nursery and special schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received full medical examination	Physical condition of pupils inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part III	Total individual pupils
1968 and later	524	524	—		10	106	110
1967	1,669	1,669	—		61	495	525
1966	691	691	—		27	275	283
1965	187	187	—		15	72	83
1964	122	122	—		14	47	54
1963	108	108	—		6	33	38
1962	236	236	—		13	81	89
1961	460	460	—		21	124	137
1960	145	145	—		2	37	39
1959	26	26	—		2	11	13
1958	105	105	—	699	11	31	40
1957 and earlier	284	284	—	1,447	25	88	109
TOTAL	4,557	4,557	—	2,146	207	1,400	1,520

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	2,269
Number of Re-inspections	...	...	...	...	...	...	2,153
TOTAL							4,422

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools, by school nurses or other authorised persons	...	...	...	...	19,244
(b) Total number of individual pupils found to be infested	...	...	...	...	367
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	290
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	—

Part II—Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	no clinics held
Errors of refraction (including squint) ... ..	—
TOTAL ...	—
Number of pupils for whom spectacles were prescribed ... ..	—

TABLE B—DISEASE AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for disease of the ear ... ..	9
(b) for adenoids and chronic tonsillitis ... ..	65
(c) for other nose and throat conditions ... ..	3
Received other forms of treatment ... ..	274
TOTAL ...	351
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1971 ... ..	9
(b) in previous years ... ..	140

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been dealt with
Pupils treated at clinics or out-patients' departments	—
Pupils treated at school for postural defects ...	no clinics held
TOTAL ...	—

TABLE D—DISEASE OF THE SKIN

							Number of cases known to have been dealt with
Ringworm							
(a) Scalp	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	21
Impetigo	...	...	...	...	...	...	1
Other skin diseases	...	...	...	...	...	...	373
TOTAL							396

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinic ...	1,145

TABLE F—SPEECH THERAPY

	Number of cases known to have been dealt with
Number of pupils treated by Speech Therapist ...	527

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	79
Pupils who received convalescent treatment under School Health Service arrangements ...	—
Pupils who received B.C.G. vaccination ...	1,214
Other than above:	
(i) Rheumatism and Heart ...	1
(ii) Nervous System ...	1
(iii) Developmental ...	—
(iv) Lungs ...	—
(v) Cervical glands ...	—
TOTAL ...	1,295



## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

### *Attendances and treatment*

First visit	...	...	...	...	...	...	...	...	5,936
Subsequent visits	...	...	...	...	...	...	...	...	10,142
Total visits	...	...	...	...	...	...	...	...	16,078

Additional courses of treatment commenced	...	...	...	...	...	...	...	1,075
Fillings in permanent teeth	...	...	...	...	...	...	...	10,030
Fillings in deciduous teeth	...	...	...	...	...	...	...	4,917
Permanent teeth filled	...	...	...	...	...	...	...	8,261
Deciduous teeth filled	...	...	...	...	...	...	...	4,566
Permanent teeth extracted	...	...	...	...	...	...	...	836
Deciduous teeth extracted	...	...	...	...	...	...	...	3,711
General anaesthetics	...	...	...	...	...	...	...	1,095
Emergencies	...	...	...	...	...	...	...	1,154
Number of pupils X-rayed	...	...	...	...	...	...	...	725
Prophylaxis	...	...	...	...	...	...	...	2,470
Teeth otherwise conserved	...	...	...	...	...	...	...	812
Number of teeth roots filled	...	...	...	...	...	...	...	44
Inlays	...	...	...	...	...	...	...	1
Crowns	...	...	...	...	...	...	...	61
Courses of treatment completed	...	...	...	...	...	...	...	5,187

### *Orthodontics*

New cases commenced during year	...	...	...	...	...	...	84
Cases completed during year	...	...	...	...	...	...	44
Cases discontinued during year	...	...	...	...	...	...	4
Number of removable appliances fitted	...	...	...	...	...	...	118
Number of fixed appliances fitted	...	...	...	...	...	...	—
Pupils referred to hospital consultant	...	...	...	...	...	...	8

### *Prosthetics*

Pupils supplied with Full Upper or Full Lower (first time)	...	...	...	...	...	2
Pupils supplied with other denture (first time)	...	...	...	...	...	11
Number of dentures supplied	...	...	...	...	...	16

### *Anaesthetics*

General Anaesthetics administered by Dental Officers	...	...	...	...	...	2
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### *Inspections*

(a) First inspection at school:							
Number of Pupils	...	...	...	...	...	...	21,132
(b) First inspection at clinic:							
Number of Pupils	...	...	...	...	...	...	3,807
Number of (a) and (b) found to require treatment	...	...	...	...	...	...	15,467
Number of (a) and (b) offered treatment	...	...	...	...	...	...	11,629
(c) Pupils re-inspected at school clinic	...	...	...	...	...	...	1,540
Number of (c) found to require treatment	...	...	...	...	...	...	1,214

### *Sessions*

Sessions devoted to treatment	...	...	...	...	...	2,827
Sessions devoted to inspection	...	...	...	...	...	147
Sessions devoted to Dental Health Education	...	...	...	...	...	270

# **ENVIRONMENTAL HEALTH SERVICES**

WATER

SEWAGE TREATMENT AND SEWERAGE

CEMETERIES AND CREMATORIUM

PUBLIC HEALTH INSPECTION

OFFICES, SHOPS AND RAILWAY PREMISES

SMOKE CONTROL

FACTORIES ACT



WATER SUPPLY

Report by MR. W. G. H. TRIPP, Waterworks Engineer and Manager

- (a) The supply of water to the area has been satisfactory, both in quality and in quantity.
- (b) Regular bacteriological examinations were made of both the raw and treated water, and a summary of the results is included below:

Description of Water	Total No. of Samples	Number of samples showing probable numbers of B. Coli present in 100 ml.					
		None present	1 to 2 present	3 to 10 present	11 to 100 present	101 to 1,000 present	More than 1,000 present
Otterbourne Wells							
Raw Water	26	6	1	11	8	—	—
Treated Water	148	142	2	4	—	—	—
Twyford Wells							
Raw Water	25	25	—	—	—	—	—
Treated Water	143	142	—	1	—	—	—
River Itchen							
Raw Water	9	—	—	—	—	3	6
Treated Water	97	97	—	—	—	—	—
River Test							
Raw Water	9	—	—	—	—	1	8
Treated Water	98	91	1	6	—	—	—
Distribution							
Treated Water	763	740	—	21	2	—	—

Chemical analyses of the water were taken at each source and the average results for the water supplied are shown on the enclosed table. The Totford source is used for the Alresford and Sutton Scotney area, and Timsbury water is no longer used in any part of the city, so that both these sources should be excluded from your Report.

- (c) The water supplied by the Waterworks Department is free from plumbosolvency.
- (d) Water from all the sources is sterilised with chlorine, with the exception of the River Test Supply where chlorine dioxide is used. Water at the river sources is subject to a process of clarification and partial softening by the use of suitable coagulating materials and lime, followed by filtration through rapid gravity filters.
- (e) The number of dwelling houses within the City of Southampton supplied from the public water mains as at the 31st December, 1972, was 75,853.

## SOUTHAMPTON CORPORATION WATERWORKS—Southern Division

## TYPICAL ANALYSES OF WATER SUPPLIED FROM THE PUMPING STATIONS

	Otter- bourne Wells	Twy- ford Wells	Tims- bury Wells	River Itchen	River Test	Totford Bore- holes
<i>General Chemical Analysis (mg/l.)</i>						
Colour (°Hazen) ...	<5	<5	<5	<5	<5	<5
Free Chlorine as Cl ...	0.27	0.02	0.02	0.04	0.03	0.03
Combined Chlorine as Cl ...	0.10	0.06	0.03	0.06	0.07	0.03
Chlorine Dioxide as Cl ...	—	—	—	—	0.15	—
Free Carbon Dioxide as Co <sub>2</sub>	20	7	21	4	1	20
Free and Saline Nitrogen as N	0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Albuminoid Nitrogen as N ...	0.05	0.02	0.02	0.04	0.05	0.01
Nitrous Nitrogen as N ...	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01
Nitric Nitrogen as N ...	5.3	5.1	4.0	4.3	5.3	5.1
Oxygen absorbed from N/80 Permanganate in 4 hrs. at 27°C. ...	0.05	<0.05	0.05	0.10	0.50	<0.05
Total Alkalinity as CaCo <sub>3</sub> ...	235	200	260	160	80	225
Total Dissolved Solids (dried at 160°C.) ...	350	310	380	260	210	330
pH ...	7.35	7.75	7.40	7.95	8.2	7.4
<i>Hardness (mg/l.)</i>						
Temporary Hardness as CaCo <sub>3</sub>	235	200	260	160	80	225
Permanent Hardness as CaCo <sub>3</sub>	35	35	35	35	50	25
Total Hardness as CaCo <sub>3</sub> ...	270	235	295	195	130	250
Total Hardness (°Clark) ...	18.9	16.5	21.0	13.7	9.1	17.5
<i>Mineral Analysis (mg/l.)</i>						
Calcium as Ca ...	103	89	114	76	48	98
Magnesium as Mg ...	3	2	3.5	2.5	3	1.5
Sodium as Na ...	10	9	13	10	10	8
Potassium as K ...	1	<1	2	1	1	<1
Carbonate as Co <sub>3</sub> ...	150	28	156	90	63	143
Chloride as Cl ...	17	15	17	16	17	13
Sulphate as So <sub>4</sub> ...	10	7	17	14	23	9
Silicate as SiO <sub>2</sub> ...	13	12	15	8	8	14
Nitrate as No <sub>3</sub> ...	23	22	18	19	23	22
Nitrite as No <sub>2</sub> ...	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
Zinc as Zn ...	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
Iron as Fe ...	<0.04	<0.04	<0.04	<0.04	<0.04	<0.04
Copper as Cu ...	<0.05	<0.05	<0.05	<0.05	<0.05	<0.05
Lead as Pb ...	<0.02	<0.02	<0.02	<0.02	<0.02	<0.02
Aluminium as Al ...	—	—	—	0.28	0.25	—
Fluorine as F ...	0.15	0.15	0.36	0.13	0.15	0.14
Conductivity (micromhos/cm at 25°C.) ...	530	470	580	390	300	500



# SEWAGE TREATMENT AND SEWERAGE

Report by MR. L. R. ROBERTSON, City Engineer and Surveyor

The arrangements for sewerage and sewage disposal in the city are reasonably adequate with the exception of the Portswood Sewage Disposal Works, for which a scheme for complete reconstruction in 1973/5 has received the approval in principle of the Secretary of State for the Department of the Environment.

Only fifteen domestic properties remain on septic tank or cesspit drainage in the city following the elimination of 28 cesspits last year.

# CEMETERIES AND CREMATORIUM DEPARTMENT

Report of MR. JOHN SUTTON, F.Inst.B.C.A.

Registrar of Cemeteries and Crematorium

During 1972, burials in the five cemeteries administered by the Cemeteries and Crematorium Department decreased from 955 in 1971 to 934 in 1972 (excluding stillborn children).

There was an increase in the number of cremations carried out at Southampton Crematorium. In 1971, 2,780 were carried out compared with 2,917 in 1972, an increase of 137.

Of the deaths registered in Southampton, 1,530 were cremated at Southampton Crematorium; this represents 79.01% of the deaths registered in the city. Nationally, the trend towards cremation continues, with an increase of 0.9%, bringing the percentage of deaths cremated to 57.3%.

# ENVIRONMENTAL HEALTH SERVICES

Report by Mr. F. Saunders, Chief Public Health Inspector

The function of the Environmental Health Services may very well be described as being concerned with three main issues:

- 1. Where people live, how they live and their environment.
- 2. The food people eat.
- 3. The condition in which people work.

The purpose of the report which follows this introduction is therefore intended to illustrate the efforts of the service to monitor, improve and maintain as high a standard as possible in any field of Environmental Health which affects the people of Southampton.

Perhaps it would be appropriate to mention an essential duty which, although rarely hitting the headlines, can affect the happiness and well being of many people each year. I am referring to the investigation of complaints which tend to increase in number and variety every year, whether it be in relation to nuisances, rehousing, housing repairs and improvement, noise, food, rodents or any other matter which a complainant alleges to be interfering with his comfort and enjoyment of life.

Prompt visits are an essential routine and usually have an initial comforting effect for complainants who may be upset and worried and it sometimes can provide a welcome relief to be able to ventilate their feelings to an official in a 'forthright' manner. Fundamentally complaints are a necessary asset to the service as an Inspector gains a very useful knowledge of the conditions and the people in his area and a first hand impression of the 'environment'.

The interest of the public in the environment was very much in evidence during the year and, in one notable instance, public pressure was successful in forcing the Government to bring in the Disposal of Poisonous Waste Act, 1972. This was a hurriedly prepared Act with faults but fairly effective in achieving its purpose of controlling the dumping of toxic materials and a good example of

what can be achieved by a vociferous public. Details of the Act's application to Southampton is in the latter part of the report and, so far, it has presented no difficulties although a treatment and incineration plant has not always operated without causing offensive odours.

Clean Air is dealt with at some length in the report and the elimination of two sources of air pollution which have from time to time caused serious problems in the centre of the city merit special mention. After many years of closure forecasts, the old badly sited electricity generating station in Western Esplanade finally ceased production and grit and smoke troubles in the vicinity of the Civic Centre have been resolved at last. In spite of the modern grit arrestors there was always ample evidence that the station used small coal and the fact that the coal was conveyed by road added further problems with spillage.

The rundown of the gas works over the past few years was also finally completed with demolition well under way.

These two closures are bound to make a valuable contribution in improving the environment of the city as well as reducing atmospheric pollution.

There seems to be no end to the trend for an annual increase in food complaints of which there were 257 compared with 230 the previous year. This is an encouraging sign that consumers are showing by complaint they are not prepared to accept unsatisfactory food in the same way as they have done in the past. The number of official complaints may seem small in comparison to the amount of food sold but they only represent a fraction of the total number of complaints. A much greater number are not brought to the notice of the local authority but are made direct to the trader. It is a regrettable reflection of negligence on the food trade as a whole because many complaints could easily have been prevented with a little more care.

Bread continues to be the food in respect of which most complaints were received and 26 instances of foreign objects and 9 of mould were dealt with. These figures and the nature of the complaints indicate that the baker is mainly responsible and three of the ten successful prosecutions subsequent to food complaints were in respect of bread.

The Food Standards Committee's Report on the date marking of food was well received during the year and it was particularly gratifying to see that the Government have accepted their principal recommendations in spite of misgivings by some sections of the food trade. Public Health Inspectors welcome this move which they have advocated for a long time as an important step forward in consumer protection. It is apparent that by the time Regulations are brought into force open date marking of food will have been universally adopted by the trade, most difficulties ironed out and one hopes it will be a factor which a purchaser will automatically note when looking at the price of an article of food. The bogey of wastage of food is not a viable objection to open date marking and good shopkeeping will prove this to be so, as it does with many other factors in connection with food handling.

These days it is somewhat unusual to resort to the provisions of Section 19, Food and Drugs Act, 1955, in connection with ice cream but it was felt necessary to report a large ice cream manufacturer to Committee with a view to cancelling his registration. When the matter was considered in November, 1971, the committee accepted an undertaking that no ice cream would be manufactured until all the required works had been carried out. The matter was therefore deferred until the January meeting when it was reported that the only outstanding item was a recording thermometer which was on order but not delivered. This formal action had a salutary effect on the owner and proved more effective than a prosecution under the Food Hygiene (General) Regulations and as a matter of fact it was April before the thermometer was delivered and production allowed to start.

Following the discovery of excess lead in the number of toys at the end of last year it was decided to take proceedings against a well known firm of toy distributors for contraventions of the Toys (Safety) Regulations 1967. However, when investigations were carried out of the progress of the toys from manu-



facturer to retail sale, it was decided not to take formal action because of the legal difficulties which could arise. The Committee therefore made representation to the Ministry to amend Section I of the Consumers' Protection Act 1971. It was suggested that the Section should contain provisions similar to the Weights and Measures Act 1963, and the Food and Drugs Act 1955 whereby a person or company against whom proceedings are instituted could have brought before the court any other person by whose act or default it is alleged the commission of the offence was due. Such a provision thus enables either or both defendants to be convicted and simplifies the very involved task of a local authority in trying to establish blame at the outset.

Another amendment on this subject about which representation was made to the Ministry was a requirement that all toys should be clearly labelled to indicate that they comply with the Regulations. This seems a simple matter and it would give parents of small children reassurance that toys they purchase are safe. It would also serve as a reminder to the trade.

I am most grateful to my colleagues for their ever willing support in providing an effective Environmental Health Service.

**Public Health Acts/Housing Acts, etc.**

Number of complaints received	...	...	...	...	...	...	1,500
Houses and premises visited or revisited	...	...	...	...	...	...	4,772
Visits re applications for rehousing	...	...	...	...	...	...	1,852
Housing Act inspections and follow-up visits included in multiple occupation	...	...	...	...	...	...	4,481
Inspections re Council Mortgages and Qualification Certificates	...	...	...	...	...	...	1,289
Inspections re Improvement Grants and Improvement Areas	...	...	...	...	...	...	1,443
Visits re noise nuisance	...	...	...	...	...	...	1,166
Visits re verminous premises, common lodging houses, etc.	...	...	...	...	...	...	154
School swimming bath samples	...	...	...	...	...	...	172
Visits re infectious diseases, food poisoning, etc.	...	...	...	...	...	...	1,301
Inspection of cinemas, refuse tips, caravans and houseboats etc....	...	...	...	...	...	...	244
Drain tests and inspections	...	...	...	...	...	...	106

**Notices**

Informal notices served or verbal notice given	...	...	...	...	...	...	668
Abatement notices served	...	...	...	...	...	...	76
Nuisance orders	...	...	...	...	...	...	3

**Details of Work Completed**

Drains cleared or repaired, etc.	...	...	...	...	...	...	119
Sanitary units renewed or repaired	...	...	...	...	...	...	54
Defective roofs, gutters, damp walls, etc. repaired	...	...	...	...	...	...	310
Floors, walls, windows, etc. repaired or renewed	...	...	...	...	...	...	392
Accumulations removed	...	...	...	...	...	...	129

**Articles Disinfected at Disinfecting Station**

Mattresses, pillows, blankets, sheets, items of clothing etc.	...	...	...	...	...	...	924
Persons cleansed	...	...	...	...	...	...	66

**Common Lodging Houses**

Regulation inspections have been carried out at the two common lodging houses in the city and the standards laid down are being maintained. Plans are prepared for extensive alterations at the Church Army Hostel, which it is hoped will be completed in 1973.

Lake House, Paynes Road, which accommodates residents from the former St. Michael's House common lodging house, is now controlled by Social Services Department as an old persons' home.

St. James's Shelter, Bernard Street, provides sleeping accommodation for ten homeless men each night. It has been organised by a number of organisations and it is intended for men who sleep 'rough'. The Department assist with disinfestation when necessary.

**Riding Establishments Act**

Following an application for renewal of the licence for the only riding establishment in the city, an inspection was made; the licence was issued subject to certain works being carried out.

**Pet Animals Act 1957**

The sixteen licensed pet shops in the city were regularly inspected during the year, and reports indicate that they were operating satisfactorily.

**Noise Abatement Act, 1960**

The number of complaints was 165, being the same as last year and involving 143 cases.

The following table shows the number of confirmed nuisances compared with last year.

	1972	1971
Industrial ... ..	10	10
Commercial ... ..	13	16
Domestic ... ..	42	42
Road works, lorries, etc. ... ..	4	6
	<hr/> 69	<hr/> 74

Efforts are always made to deal informally with nuisances particularly in the domestic group but occasionally repeated house parties require formal action. In two instances the Recurring Nuisances Act provisions were used and eventually prosecutions for non-compliance with Nuisance Orders were taken and a conviction obtained in one instance but the other was lost on appeal. Four prohibition notices were served in respect of "pop" music at clubs.

Dogs barking and noise from neighbours continue to be the main cause of the 101 domestic complaints.

**School Swimming Baths**

These have been inspected regularly and water samples taken every other week to ensure they are operating to the required standard. From results produced by the Pathology Laboratory and City Analyst Departments satisfactory standards are being maintained.

**Caravans**

The position has remained the same regarding the number of licensed sites for residential caravans. There were problems regarding itinerant travellers and Irish tinkers on the Chapel Road Clearance Area site but this has now been resolved and steps taken to prevent the site being used again.

**Rehousing Applications and Medical Priority Scheme**

The number of applications for priority rehousing on medical or social grounds was 1,120 which is an increase of 166 over the previous year, and the number of unsupported applications was 38.

Mainly due to applicants being rehoused before investigations were complete, 113 applications were cancelled leaving 1,045 valid applications for assessment. It is interesting to note the gradual reduction in the number of council applicants from high rise flats which is probably due to the policy of the Housing Department in transferring families with young children from the upper floors to more suitable accommodation.

Applications because of depression, anxiety or neurosis continue to form a high proportion of cases and last year there were 206 initial applications. There were 122 cases of pregnancies associated with living in "rooms" of one type or another and the usual bedroom deficiency. These two groups of applications form practically 40% of all viable cases excluding pensioners whose applications increased to 301 from 255.

Many cases, previously recommended or not, were reconsidered usually as a result of letters or recommendations from medical practitioners.

The comparative figures for 1972 and 1971 are as follows:

				1972	1971
Type of applicant:					
Council tenants	...	...	...	521	501
Private tenants	...	...	...	438	390
Owner Occupiers	...	...	...	61	60
Living outside city	...	...	...	25	4
				<hr/>	<hr/>
				1,045	955
Assessment of applications:					
No priority	...	...	...	375	416
Alternative accommodation			...	669	535
Priority alternative accommodation				1	4
				<hr/>	<hr/>
				1,045	955

Warden controlled accommodation was recommended in 43 cases and accommodation without stairs in 234 recommendations.

**Prevention of Damage by Pests Act, 1949**

There was a further increase in the amount of work involved in rodent control indicated by the fact that 2,591 complaints were received compared with 2,465 in 1971 and 2,137 in 1970. The total number of rat and mice infestations found as a result of either complaints or routine inspection increased to 2,733 from 2,654 in 1971.

There are no indications of any rat immunity to Warfarin, but mice continue to be practically 100% resistant.

Alpha-chloralose with a mixture of BHC tracking dust has been successfully used in many mice infestations but with the persistent infestations it has been necessary to resort to the use of zinc phosphide poison baits and traps. All these treatments for mice require greater surveillance and there is a need for an effective quick treatment for mice control. Mice infestations are found to be a particularly difficult problem to deal with in some immigrant areas, advice is rarely heeded or understood and it is in these areas that most of the persistent domestic infestations occur.

**Refuse Tips**

The tips were kept under regular observation and in August the large Sea Road tip was found to have a major rat infestation mainly due to the indiscriminate perimeter rubbish dumping by the public.



### Sewage Disposal Works

The destruction of rats in the city sewers followed the usual pattern of three treatments during the year of 400 man holes with 2oz baits using fluoracetamide. Although 91 takes was the highest recording for a number of years, 41 being last year's takes, the flooding of sewers in the city centre is thought to have been mainly responsible for this increase.

### Schools

Complaints from schools were mainly due to small mice infestations in the vicinity of the kitchens. Where infestations spread to classrooms, this was usually associated with the keeping of small animals by the children for study purposes.

Rat infestations were mainly around the waste food bin area, or groundsman's hut.

### Wasps

It was a very quiet year for wasps complaints; only 28 were received compared with 96 in 1971.

### Feral Pigeons

The control of pigeons was again reasonably successful but the emphasis last year was on trapping and of the recorded 2,094 pigeons destroyed, 1,542 were trapped and 552 shot compared with 1971 when 335 were trapped and 1,685 shot. A particularly successful and much appreciated effort in trapping was carried out at a central hospital where 428 pigeons were destroyed during March. This practically cleared the area in the vicinity of this hospital and further visits in October helped to maintain control.

The table below summarises rodent control work carried out in 1972.

	Local Auth- ority	Business Premi- ses	Private Dwel- lings	Bombed Sites, etc.	TOTALS
<i>Survey and Routine</i>					
Premises inspected ...	8	13	273	45	339
Rat infestations found ...	3	—	131	40	174
Mouse infestations found...	1	1	51	—	53
<i>Complaints Investigated</i>					
Number of complaints ...	119	460	1,907	105	2,591
Rat infestations found ...	39	108	1,011	102	1,260
Mouse infestations found...	77	289	781	—	1,147
No infestation ...	3	63	115	3	184
<i>Treatments</i>					
Number of treatments completed (rats) ...	47	108	1,142	142	1,439
Number of treatments completed (mice) ...	73	287	832	—	1,192
Number of visits made, survey and treatment ...	421	1,828	10,723	585	13,557

## HOUSING

As was the case last year, the main work of the Housing Section in 1972 was in connection with the Freemantle No. 1 General Improvement Area. During the year, 43 grant applications were approved compared with 22 for 1971 and 16 for the period May to December 1970. Of the 81 approvals, 42 have been completed and a further 20 are in progress.

It is encouraging to note that the lengthy process of house-to-house inspections which was carried out in the area for the first two years is now producing a better rate of grant take-up. It is hoped that this trend may continue in spite of delays being encountered in finding builders to do the work. The hard core of the problems of house repair and improvement in Freemantle is represented by the 125 houses which are not in good repair and which are without one or more of the standard amenities (see summarised position in table on subsequent page).

The Council's House Improvement Campaign got off to a very good start in February with a 3½ day Home Improvement Exhibition in which 30 commercial exhibitors presented a wide range of displays of interest to householders in addition to the Council's attractive information stand which provided advice on house modernisation and grants. To coincide with the exhibition, 10,000 leaflets were delivered to houses in the older areas of the city inviting people to attend the exhibition and a further 8,000 invitations were distributed through shops, offices and factories. Two adjoining houses in Middle Street (one improved and one unimproved) were also made available for the public's inspection and enquiries.

The exhibition was attended by over 12,000 people and the opening was featured in the local press, on Radio Solent and both television channels, BBC South and Southern ITV.

The number of applications for Qualification and Provisional Qualification Certificates dropped considerably in the year, 149 applications being received of which 112 were approved compared with 299 applications for 1971 of which 123 were approved. It is clear that this reduction in the number of applications was brought about with the advent of the Housing Finance Act in July which allows for the conversion of controlled tenancies into regulated tenancies by stages according to the rateable value.

Once again slum clearance played only a small part in the work of the Housing Section, twelve houses being represented in clearance areas and 55 individual unfit houses for Demolition or Closing Orders.

Houses in multiple occupation continue to be kept under constant review and known areas of this type of accommodation are surveyed systematically. During the year 964 visits were made and twenty-seven informal notices served.

## CLEARANCE AREAS

**The Southampton (Amoy Street Nos. 1 and 2) Clearance Areas 1969.**

**The Southampton (Amoy Street) Compulsory Purchase Order 1970.**

The last remaining family affected by the order was rehoused in the early part of the year and all forty-seven dwellings were demolished by the end of July.

**The Southampton (Wolseley Road Nos. 1 and 2) Clearance Areas 1970.**

**The Southampton (Wolseley Road) Compulsory Purchase Order 1970.**

Rehousing of all the families was completed by mid-year, and all fourteen houses in the order subsequently demolished. The cleared site, surrounded by the Freemantle No. 1 General Improvement Area, has been allocated for residential redevelopment.

**The Southampton (Radcliffe Road) Clearance Area 1970.**

**The Southampton (Radcliffe Road) Compulsory Purchase Order 1970.**

Following the confirmation of the Order in 1971 and the rehousing of the first forty families, a further 24 families were provided with accommodation. Nineteen of the 70 houses have been demolished.

**The Southampton (Dukes Road) Clearance Area 1971.**

**The Southampton (Dukes Road) Compulsory Purchase Order 1971.**

A Public Local Inquiry was held at the Civic Centre on 18th January, 1972, by P. T. Rake, Esq., M.B.E., C.Eng., M.I.Mun.E., on behalf of the Secretary of State for the Environment and the order was confirmed on 13th April, 1972 without modification.

Ten families had been rehoused by the end of the year.

**The Southampton (Priory Road) Clearance Area, 1971.**

**The Southampton (Priory Road) Compulsory Purchase Order 1971.**

As a result of objections to the order a Public Local Inquiry was held on 18th January, 1972 by Mr. Rake on the same day as the inquiry into the Dukes Road Compulsory Purchase Order. Confirmation of the order by the Secretary of State was made on 8th May, 1972, with the following modification:

‘that the dwelling house No. 16 Priory Road, not being considered unfit, should be transferred from Part I to Part II of the order.’

Two of the eight families had been rehoused by the year’s end.

**The Southampton (Keswick Road Nos. 1 and 2) Clearance Areas 1972.**

**The Southampton (Keswick Road) Compulsory Purchase Order 1972.**

Formal representation of these clearance areas was made on 11th February, 1972 and included twelve unfit houses. A compulsory purchase order was made on 25th October, 1972, incorporating these houses and, in addition, two dwellings which were considered to be not unfit for habitation.

Confirmation of the order is expected early in 1973.

**Individual Unfit Houses**

During the year sixty-one houses were demolished. Of these 24 were Demolition Orders, 8 were Closing Orders, 2 were demolished following undertakings given by owners and 27 were unfit houses owned by the Council.

In respect of the thirteen houses represented at the end of 1971, the Council made four Demolition Orders, six Closing Orders and three Closing Orders for parts of buildings.

During 1972 thirteen houses subject to Closing Orders were made fit for habitation and the orders determined under Section 27 of the Housing Act 1957.

Representations in accordance with Section 16 of the Housing Act 1957 were made in relation to 55 houses and the following decisions made:

8 Demolition Orders

23 Closing Orders

2 Closing Orders for parts of buildings

The Orders have not yet been made in respect of the remaining 22 houses.

There were also sixteen local authority owned houses which were certified as being unfit for human habitation during the period under review.

**Housing Act 1957. Parts II and III.**

A summary showing the number of houses dealt with from 1953 to 1972.

(1) Number of houses included in clearance areas	...	...	...	2,861
(2) Number of houses outside clearance areas	...	...	...	461
(3) Number of houses demolished in (1) and (2)	...	...	...	3,197
(4) Number of individual unfit houses demolished	...	...	...	938
(5) Number of individual houses closed or awaiting demolition	...	...	...	172



Housing Act 1969. Part II

Freemantle No. 1 General Improvement Area – position at 31st December, 1972

(1) Number of houses inspected (including self-contained flats) ...	529
(2) Number of houses with all standard amenities and in good repair	280
(3) Number of houses with all standard amenities but not in good repair ... ..	65
(4) Number of houses without one or more amenities and in good repair ... ..	45
(5) Number of houses without one or more amenities and not in good repair ... ..	125
(6) Number of houses demolished or closed ... ..	14
(7) Grant applications approved ... ..	81
(8) Grant works completed ... ..	42

Housing Act 1969. Part III

Qualification Certificates:

(1) Applications received ... ..	42 (16)
(2) Applications granted ... ..	26 (4)
(3) Applications refused ... ..	21 (0)

Provisional Certificates:

(1) Applications received ... ..	84 (7)
(2) Applications granted ... ..	76 (6)
(3) Applications refused ... ..	1 (0)

Note: The figures in brackets refer to applications received under the Housing Finance Act, 1972, in addition to the applications under the 1969 Act.

FOOD INSPECTION

The inspection of meat and premises involved 1,743 visits to wholesale meat depots, butchers shops and meat manufacturing premises. Unsound meat and offal amounting to 5 tons 11 cwt 72 lb (5672 Kg) were voluntarily surrendered and destroyed.

Under the Imported Food Regulations 481 notifications were received from various Port Health Authorities of foodstuffs, principally meat and offal in sealed containers, passing without inspection through their ports to destinations in Southampton.

The cold storage treatment of 10 carcasses of beef and offal affected with cysticercus bones was supervised on behalf of neighbouring authorities. Following an inspection of animal casings at a local factory 2 export certificates were issued.

As the result of 2,158 visits of inspection to other food premises the following articles of food found to be unfit for human consumption were voluntarily surrendered and destroyed.

	Tons	Cwt	Lb
Canned food ... ..	9	11	93
Fish ... ..	2	14	3
Fruit ... ..	49	0	35
Vegetables ... ..	51	9	16
Frozen foods ... ..	5	19	79
Miscellaneous ... ..	2	14	55
	121	9	57
	123,424 Kgs.		

Total weight of food, including diseased and unsound meat and offal found to be unfit for human consumption: 127 tons 1cwt 17lb.

**FOOD COMPLAINTS**

Complaints concerning unsatisfactory food and containers numbered 257. Many of the complaints were of a minor character but they all required careful investigation involving 892 visits.

In most instances it was possible to deal with the complaints in an informal manner. Legal proceedings were taken in the following cases:

Unsound chicken	Fined £40	Costs £10
Mouse excreta in bread	Fined £75	
Metal in bread	Fined £40	Costs £10
Mouldy scotch egg	Fined £50	Costs £10
Metal in bread	Fined £50	Costs £15
Mouldy sausages	Fined £10	Costs £10
Cigarette end in scone	Fined £75	
Cigarette end in packet of chips	Fined £25	
Pieces of glass in milk	Fined £70	Costs £15
Milk bottle contaminated with paint	Fined £20	

**Milk Supply**

The three dairies in the city have H.T.S.T. Pasteurising plants and in addition, the largest dairy has a U.H.T. plant. A creamery is also attached to this dairy.

The following licences under Milk (Special Designation) Regulations were in operation in the city:

Pasteurisers	...	...	...	...	3
U.H.T.	...	...	...	...	1
Dealers (pasteurised)	...	...	...	...	297
Dealers (sterilised)	...	...	...	...	12
Dealers (U.H.T.)	...	...	...	...	83

For sampling purposes and the inspection of premises and plant 266 visits were made to dairies and 286 samples submitted to the Public Analyst.

These samples included 36 Channel Islands Milk and 145 samples taken for the detection of antibiotics. Two samples were found to contain antibiotics and were referred to the appropriate county for farm sampling.

The following samples of designated milks were submitted to the Public Health Laboratory for appropriate tests:

- 211 Pasteurised Milk
- 12 Sterilised Milk
- 11 U.H.T. Milk

No untreated milk was sold in the city.

Twenty-one samples of pasteurised milk failed the methylene blue test. These failures were investigated, recommendations made, and further samples were satisfactory.

Forty-two washed bottles and rinses from 20 washed milk churns were submitted to the Public Health Laboratory for bacteriological examination and all were classed as satisfactory.

Nine samples of cream were submitted to the Public Health Laboratory. All samples were found to be heat treated and no adverse reports were received. Eight samples of goat's milk were submitted to the Public Health Laboratory for the detection of Brucella or Salmonella. All samples were satisfactory.



Ice Cream

Premises are registered by the Council under the Food and Drugs Act 1955 for the sale, manufacture or storage of ice cream and under the Southampton Corporation Act for changes of occupiers and self-employed operators of ice cream vans. The register at the end of the year was as follows:

Manufacturers (hot mix method)	...	...	...	...	1
Manufacturers (cold mix method of soft ice cream machine)					9
Depots and Storage	...	...	...	...	4
Vendors	...	...	...	...	693
Self Employed operators of Ice Cream Vans	...	...	...		25
					<hr/> 732

A total of 88 visits were made to ice cream manufacturers and storage premises. Eight samples of ice cream were submitted to the Public Analyst and all were satisfactory.

Seventy-two samples were submitted to the Public Health Laboratory with the following results:

			Vans	Premises
Provisional Grade One	...	...	23	2
Provisional Grade Two	...	...	8	1
Provisional Grade Three	...	...	14	2
Provisional Grade Four	...	...	20	2

The unsatisfactory samples were followed up, advice given and further samples were taken.

Sampling—Food and Drugs Act, 1955

During the year 733 samples were taken for analysis. The following table shows the number of samples taken in each group of articles and whether satisfactory or otherwise. A summary of unsatisfactory samples also follows:

Articles	Formal	Informal	Not satisfac- tory
Baking powder and raising agents	...	...	...
Butter, margarine, cooking fats, cheese, etc.	11	22	1
Cereals	...	17	...
Condiment sauces etc.	...	25	1
Drugs	5	23	5
Flour, cake mix, bread, biscuits, etc.	...	17	1
Fruit, fruit juices, vegetable, nuts, etc.	...	117	7
Fish, meat and meat products	12	88	4
Herbs and spices	...	12	...
Marzipan, preserved and dried fruit	...	5	...
Milk, liquid, canned and dried	117	169	1
Sugar, confectionery, ice cream etc.	...	39	...
Preserves, honey, etc.	2	3	...
Soft drinks	...	3	...
Tea, coffee, cocoa	...	13	...
Wines, spirits and beer	8	16	2
Cream	6	...	...

## Summary of Unsatisfactory Samples

Sample  
No.

- 
- |     |   |
|-----|---|
| 60  | An informal sample of Self Raising Flour deficient of Vitamin B1.<br>Manufacturer informed.   |
| 70  | A formal sample of milk, taken at a cafe, deficient of milk fat.<br>Proprietor advised regarding serving of milk.   |
| 148 | An informal sample of Spiced Ham and Pork Roll wrongly described as Spiced Pork.<br>Label altered by packer.  |
| 168 | An informal sample of Spiced Pork Roll wrongly described as Spiced Pork.<br>Label altered by packer.  |
| 216 | An informal sample of a vegetarian food product bearing a misleading description.<br>Formal sample taken (No. 309).   |
| 295 | An informal sample of lettuce containing an excessive amount of fungicide.<br>Grower contacted and advice given.  |
| 309 | A formal sample of a vegetarian food product bearing a misleading label.<br>Manufacturer altered label.   |
| 360 | An informal sample of liver paste or pate deficient of meat content.<br>Formal sample taken which proved to be satisfactory.                                  |
| 361 | An informal sample of Canned Oxtongue deficient of meat content.<br>Formal Sample taken (No. 401).  |
| 401 | A formal sample of Canned Oxtongue deficient of meat content.<br>Manufacturer informed. New method of packing cans under consideration.                       |
| 414 | An informal sample of Cooking Oil which was slightly rancid.<br>Proved to be Old Stock. Remainder of stock removed from sale.                                 |
| 490 | An informal sample of Frankfurter type sausage deficient of meat.<br>Follow-up sample proved to be satisfactory.  |
| 526 | An informal sample of Canned Mandarin Oranges containing an excessive amount of tin.<br>Vendor informed. Existing stock taken off sale.                       |
| 543 | An informal sample of Ham and Mushroom Pizza bearing misleading label.<br>Manufacturer informed. New packaging designed.                                      |
| 570 | An informal sample of concentrated tomato sauce bearing an unsatisfactory label.<br>Manufacturers agreed to change label.                                     |
| 588 | An informal sample of Vitamin ACD tablets deficient of Vitamin A.<br>Formal sample taken (No. 652).   |
| 590 | An informal sample of Adexalin liquid deficient of Vitamin A.<br>Formal Sample taken (No. 653).   |
| 593 | An informal sample of Cod Liver Oil capsules deficient of Vitamin A.<br>Formal sample was taken which proved to be satisfactory.                              |
| 652 | A formal sample of Vitamin ACD Tablets deficient of Vitamin A.<br>Legal proceedings against the vendor resulted in a Fine of £20 being imposed with £5 costs. |
| 653 | A formal sample of Adexolin Liquid deficient of Vitamin A.<br>The matter is being pursued with the manufacturer.  |
| 660 | An informal sample of White Vermouth deficient of Proof Spirit.<br>The bottler was informed and further samples were satisfactory.                            |
| 732 | A formal sample of Rum deficient of Proof Spirit.<br>Follow-up sample proved to be satisfactory.  |

**Food Hygiene (General) Regulation 1970**

The number of food premises subject to these regulations is set out below:

Bakehouses and food factories	...	...	...	...	19
Fishmongers, greengrocers	...	...	...	...	82
Works, shops and office canteens	...	...	...	...	64
Wholesale meat factories and depots	...	...	...	...	17
Wholesale grocers, fruiterers	...	...	...	...	29
Butchers	...	...	...	...	75
Fish friers	...	...	...	...	50
General food and sweet shops	...	...	...	...	666
Cafes, restaurants	...	...	...	...	193
Public houses, hotels, guest houses	...	...	...	...	438
School kitchens (local authority and private)	...	...	...	...	50

The inspection of licensed premises, hotels, clubs, boarding houses, restaurants, cafes, and school meals establishments involved 1,752 visits and a further 276 inspections were carried out of bakehouses, food factories and canteens. Wholesale meat, fruit and vegetable shops and grocers accounted for 1,719 visits and butchers, fish friers and general food shops received 1,776 visits and inspections. The following items of work were carried out under the regulations as a result of an informal approach.

Food rooms decorated, cleaned and repaired	...	...	...	...	150
Lighting or ventilation improved	...	...	...	...	43
Sinks provided or renewed	...	...	...	...	35
Washing facilities provided for staff or customers	...	...	...	...	48
Sinks or wash hand basins provided with hot water	...	...	...	...	66
Sanitary accommodation provided in cafes, etc. for customers	...	...	...	...	7
Sanitary accommodation provided for staff	...	...	...	...	5
Sanitary accommodation cleansed, repaired, improved, etc.	...	...	...	...	66
Counter protection or working surfaces improved	...	...	...	...	47
Accommodation for clothing provided	...	...	...	...	7
Yard surfaces improved	...	...	...	...	14

Legal proceedings under the Regulations were taken against a local firm of bakers. A fine of £20 was imposed on each of 18 offences making a total of £360.

**Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulation 1966**

A total of 495 visits were made in connection with Kingsland Market, vehicles and stalls.

Keeping a check on this type of trading involves a lot of time being spent in locating and inspecting vehicles while they are trading.

Some traders remain in business for only a short period and there is a constant change of vehicles.

Works carried out as the result of notices served:

Hand washing facilities provided	...	...	...	...	4
Stalls improved	...	...	...	...	1
Delivery vehicles improved	...	...	...	...	1
First aid equipment provided	...	...	...	...	2
Food protection provided	...	...	...	...	1
Ice cream vehicles improved	...	...	...	...	2

Legal proceedings were taken against three stallholders under the Regulations and the result was as follows:

No. 1—Sixteen offences	...	...	...	Fine of £74
No. 2—Fifteen offences	...	...	...	Fine of £75
No. 3—Eight offences	...	...	...	Fine of £24



### **The Liquid Egg (Pasteurisation) Regulations 1963**

There are no egg pasteurisation plants in Southampton and no samples were taken during the year.

### **Poultry Inspection**

There are no poultry processing plants in the City.

### **Salmonella in Pet Food**

Twenty samples of meat from pet shops were submitted to the Public Health Laboratory. Salmonella organisms were found in two samples of cooked meat from a Knackers yard located outside the city. The information was passed to the appropriate local authority.

### **Fertilisers and Feeding Stuffs Act 1926**

Twenty-three samples were taken for examination. All samples were satisfactory.

## **AIR POLLUTION CONTROL**

### **General**

Under the provisions of the Clean Air Acts, 1956 and 1968, 426 visits were made, excluding those in connection with Smoke Control which are reviewed below. These visits related to the investigation of complaints, smoke observations and control or advisory visits in relation to the installation or alteration of furnaces and erection or replacement of chimneys.

The number of contraventions recorded were fewer than last year, there being 10 in relation to the emission of dark smoke from chimneys under Section 1 of the 1956 Act and 5 cases of dark smoke emissions from trade premises under Section 1 of the 1968 Act. No formal action was necessary and informal advice and warnings resulted in the necessary improvements.

During the year the electricity generating station in the city centre was finally closed and the gasworks at Northam ceased normal gas production and retained a stand-by emergency plant only.

Under the provisions of Section 6 of the 1968 Act relating to the control of the height of chimneys, approval was given in six cases, three to be used with oil fuel, two with gas and one in connection with an incinerator. In a further 12 cases proposals to construct chimneys which were exempt from the provisions of the 1968 Act were considered and all were satisfactory.

### **Smoke Control Areas**

During the year three Smoke Control Orders came into operation, namely the No. 9 (Freemantle) the No. 11 (Shirley No. 2) and the No. 12 (Upper Shirley) Orders. In all of these areas conversion of fireplaces was carried out smoothly and in only a very few cases was it found necessary to serve notices requiring conversion of fireplaces which had not been converted voluntarily.

The No. 13 (Highfield) Smoke Control Order was made in August and confirmation received in November and work in the conversion of fireplaces had just commenced at the end of the year.

A total of 3,491 visits were made in connection with smoke control and 482 estimates for the approval of expenditure and 551 claims for the payment of grant were also dealt with. At the end of the year there were nearly 13,000 premises in the operative smoke control areas in the city.

### **Measurements of Air Pollution**

Measurements continue at five sites in the city in connection with the co-operative investigation conducted by the Warren Spring Laboratory of the Department of Trade and Industry. Four sites are operated by the Council in the City centre, Shirley Eastern Docks and Bitterne Park and the other, also in the lower part of the city centre, is operated by the C.E.G.B. to monitor any change in the air pollution levels as a result of the operation of Fawley Generating Station.

The results for 1971-2 continue to show an overall fall in the amount of smoke recorded and reflect the advantages gained from smoke control and the general trend towards modern heating methods.

During the year there was some local publicity on sulphur dioxide levels in the atmosphere – for example a headline, “Days when Southampton citizens breathe acid” appeared in the local evening newspaper. This publicity was stimulated by the somewhat exaggerated conclusions drawn from the results of a national survey by school children.

The results of the measurements at the local monitoring sites for 1971-2 showed an overall reduction of sulphur dioxide levels compared with the previous year but unlike the smoke levels, the long term trend appears to be for levels to remain relatively constant. However, Southampton levels compare favourably with the national urban average and there is no indication of any health hazard in the city due to high concentrations of sulphur dioxide.

The position relating to SO<sub>2</sub> in the atmosphere reflects the problem of achieving significant reductions as long as fuels with high sulphur content are used particularly when Southampton, besides being at the centre of a large urban area, is situated in the vicinity of the largest oil refinery and petro-chemical complex in the country and two very large oil-burning power stations.

**Offensive Trades**

Consent was granted to carry on offensive trades in respect of four dealers in rags, one bone dealer and one large factory carrying on gut scraping, edible fat extraction and inedible fat extraction. All the dealers’ premises were satisfactory but the position regarding the animal by-products factory continued to cause concern.

The operations at Millbrook of the animal by-products factory have given rise to odour nuisance each year since it was opened ten years ago and there is a long history of complaint and litigation. Complaints considerably increased during the previous summer and following the taking of counsel’s opinion, the Council in April resolved that application be made for an injunction. An adjoining occupier on the industrial estate has also commenced injunction proceedings but neither of these actions are likely to be heard for some considerable time.

During the year 184 complaints were received regarding odours from the large factory and a total of 726 visits were made in respect of offensive trades generally, almost exclusively in connection with this factory.

**Hairdressers’ Premises**

The Southampton Corporation Act 1937 requires persons carrying on the business of hairdressing to register their premises with the Council and Bye-laws, made under the Act, control the cleanliness of the premises.

There are 149 ladies’ and 81 gentlemen’s hairdressing businesses on the register, a small proportion being combined ladies and gents salons. The number of premises concerned is 215.

Fifty-two visits specifically in connection with this Act were made, but in addition others were made in connection with the Offices, Shops and Railway Premises Act, 1963. The general standard of the premises was found to be satisfactory.

**Radio Active Substances Act 1960**

There are 30 certificates effective to keep and use radioactive substances on or in connection with 20 premises in the city. On receipt of each new or amended certificate issued by the Department of the Environment, those who may be affected, namely Police, Fire, Water and Engineering departments are informed. During the year 15 new or amended certificates were received.



### **Shops Act 1950**

The number of visits made was 385 and many of these were made in combination with visits under the Offices, Shops and Railway Premises Act, 1963 and the Food Hygiene (General) Regulations 1970.

Informal warnings were given on 36 occasions, these being related in 19 instances to the employment of assistants, 2 instances relating to shop hours and in 15 cases to infringements in connection with Sunday Trading.

It was not found necessary to take any formal action during the year.

### **Rag, Flock and other Filling Materials Act 1951**

The number of premises registered under the Act to use filling materials is thirteen. There are no premises licensed to manufacture or store flock. Five formal samples of filling materials were taken and submitted to a prescribed analyst and all were found to be satisfactory. Five informal samples of stuffed toys were examined by the analyst. Of these two were satisfactory but in three cases the filling materials failed to comply with the required standards of cleanliness. These three toys were a teddy bear, imported from China, a golliwog imported from Hong Kong, and a golliwog imported from Hungary. In each case enquiries were made of the importers and these proved most protracted. Importation of the toys from Hungary and Hong Kong was stopped but enquiries in connection with the other case had not been concluded by the end of the year.

Under the provisions of the Act 27 visits were made.

## **CONSUMER PROTECTION**

### **The Toys (Safety) Regulations 1967**

Fourteen informal painted toy samples were obtained during the pre-Christmas period and submitted for analysis of the paint for toxic metals. All were found to be satisfactory.

During the year a complaint was received regarding a handpainted pottery model distributed by a nationally known food manufacturer in return for labels obtained from their products.

The model was examined and found to have excess lead in the paint and further examinations revealed some others in the series to be unsatisfactory also. These models are obtained from Portugal and the latest position is that a new range is being ordered. All existing stocks of unsatisfactory models were withdrawn from distribution.

### **Toxic Beans in Jewellery**

During the early summer there was considerable national publicity about the use of precatory and other toxic beans in jewellery brought into this country from the tropics.

As a result, about 40 individuals asked for some 106 items of jewellery to be examined, including many passed to the Department by the Police. After identification those found to contain poisonous beans were destroyed with the owners' consent.

## **DISPOSAL OF POISONOUS WASTE ACT 1972**

This Act came into operation on 3rd August having been hurriedly enacted following several disturbing incidents in some parts of the country involving the indiscriminate dumping of toxic wastes. The purpose of the Act is to ensure that no poisonous waste is removed from any premises or deposited anywhere without prior notification to the Local Authority. There is also a general prohibition on depositing poisonous waste so as to give rise to an environmental hazard and persons convicted of an offence are liable to heavy fines and/or imprisonment. During the period from August to the end of the year 62 notifications were received of the removal or disposal of waste. There were 47 notifications in respect of the periodic removal of waste from 21 premises within the city and 15 cases where waste was brought into the city for disposal from 10 premises outside the city.

Of the waste produced in the city almost all was deposited elsewhere. Some went to tips as far afield as Essex and Dorset, but a large proportion was removed to the treatment plant operated by Re-Chem International Limited at Hedge End. Here wastes can be chemically treated to produce non-toxic residues or in some cases valuable constituents can be recovered and re-cycled.

The waste coming to the city was primarily oil waste and sludge and was treated and incinerated at the disposal plant operated by Burweld Cleaning Limited at Woolston.

In all 52,000 gallons of liquid waste and 230 tons of semi-solid or solid waste were removed from premises in the city and disposed of elsewhere and 35,000 gallons of liquid waste and 302 tons of semi-solid waste were brought into the city for disposal.

Eighty-nine visits were made regarding the enforcement of this Act. Advice was given in a number of instances, but no cases of illegal depositing of waste were found.

**PHARMACY AND POISONS ACT 1933**

The sale of scheduled poisons in Part II of the Poisons list is supervised in shops other than chemists employing qualified pharmacists. These poisons are contained in such products as household disinfectants, weed-killers, horticultural insecticides, descaling compounds, hair colouring preparations and visits are made to control labelling, storage containers and other matters. The number of inspections was 57. There were 11 new entries on the Part II register during the year and at the end of the year the total number of premises on the register was 124.

*(The following appendix is included at the request of the Department of Employment)*

**Annual Report of the Medical Officer of Health in Respect of the year 1972 for the City of Southampton in the County of Hampshire**

Prescribed Particulars on the Administration of the Factories Act 1961

Premises  (1)	Number on Register  (2)	Number of:		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	23	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	858	431	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding workers' premises)	14	5	—	—
TOTAL ...	895	459	14	—

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three, or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Wants of cleanliness (s. 1)...	—	—	—	—	—
Overcrowding (s. 2) ...	—	—	—	—	—
Unreasonable temperature (s. 3) ... ..	—	—	—	—	—
Inadequate ventilation (s. 4)	—	—	—	—	—
Ineffective drainage (s. 6) ...	—	—	—	—	—
Sanitary Conveniences (s. 7)					
(a) Insufficient ... ..	2	1	—	—	—
(b) Unsuitable or defective	20	21	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act(not including offences relating to Outwork) ...	1	—	—	—	—
TOTAL ...	23	22	—	5	—

**OUTWORKERS** (Section 133 and 134)

The Factories Act, 1961, requires that factory occupiers and contractors shall send copies of lists of outworkers employed in certain classes of work to the district council in February and August of each year. Lists were received as follows:

Month	No. of lists sent in by			No. of Outworkers notified			No. of Outworkers notified to other Local Authorities
	Local firms	Other Local Authorities	TOTAL	Local firms	Other Local Authorities	TOTAL	
February	1	2	3	3	14	17	4
August	1	1	2	5	6	11	3

Ten visits were made to outworkers' premises. No cases were found of home-work being carried on in unwholesome or undesirable premises.



OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

(a) Registrations and General Inspections

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises re- ceiving a general inspection during the year
Offices ... ..	83	978	330
Retail shops ... ..	58	1,441	755
Wholesale shops, warehouses ...	10	185	51
Catering establishments open to to the public, canteens ...	5	270	270
Fuel storage depots ... ..	0	10	0
TOTALS ...	156	2,884	1,406

The total number of visits of all kinds to registered premises was 3,896.

The total number of persons employed in registered premises is calculated to be 27,967.

(b) Analysis of Contraventions

Section	Number of contraventions found							
4	Cleanliness	...	...	...	...	...	...	45
5	Overcrowding	...	...	...	...	...	...	6
7	Ventilation	...	...	...	...	...	...	41
8	Lighting	...	...	...	...	...	...	20
9	Sanitary conveniences	...	...	...	...	...	...	27
10	Washing facilities	...	...	...	...	...	...	21
12	Clothing accommodation	...	...	...	...	...	...	7
13	Sitting facilities	...	...	...	...	...	...	6
15	Eating facilities	...	...	...	...	...	...	1
16	Floors, passages and stairs	...	...	...	...	...	...	56
17	Fencing exposed parts machinery	...	...	...	...	...	...	10
20	Hoists and Lifts	...	...	...	...	...	...	22
24	First aid	...	...	...	...	...	...	28
	Other matters	...	...	...	...	...	...	61
	TOTAL ... 351							



(c) Analysis of Reported Accidents

	Offices	Retail shops	Whole-sale ware-houses	Catering establishments open to the public, canteens	Fuel storage depots
Machinery ... ..	1	2	1	2	—
Transport ... ..	1	3	6	—	—
Falls of persons ... ..	5	16	5	6	—
Stepping on or striking against object or person	3	3	1	—	—
Handling goods ... ..	2	14	10	3	—
Struck by falling object ...	—	2	—	1	—
Use of hand tools ... ..	—	10	1	—	—
Not otherwise specified	3	5	2	3	—
TOTAL ... ..	15	55	26	15	—

An unusual accident occurred during maintenance to an electric milk float. It proved necessary to test a circuit and make spanner adjustments with the current live. The result was the activating of the motive power when the spanner accidentally completed the circuit. The spanner was welded to the vehicle which moved forward and pinned the maintenance engineer against the wall causing severe bruising and a broken toe.

The engineer had ignored the company safety instruction of jacking up the rear motive wheels of the vehicle when making adjustments with the current live. The case was thoroughly investigated with demonstrations and the inspector was satisfied that if the safety rules of the company had been carried out there would have been no accident.

Pedestrian controlled electrically operated trucks are used for transferring goods in wholesale and retail foodstores. In three establishments accidents occurred involving injuries to the feet of operatives who were not wearing protective footwear. Representation to the companies concerned has caused protective footwear to be made available.

A special check was made during the year ensuring that all seats provided at self-service food stores check-out points had suitable back rests. The stores approached where seats were not satisfactory have co-operated and practically all have complied with the requirement and provided seats according to British Standard 3893 1965.



# PORT HEALTH





## PORT HEALTH SERVICE

Dr. ANGUS McGREGOR, Port Medical Officer

The number and tonnage of ships entering the port again increased, as did the quantity of imported foods.

During the year some well-known passenger ships were withdrawn from service. Trio Lines container service to the Far East opened early in the year, with regular arrivals at Southampton. A new freight service to Le Havre was opened by Seagull Lines at midsummer, and during the summer ferry sailings averaged 80 each week. The West African service operated by the *Aureol* transferred to Southampton from Liverpool.

No cases of infectious disease subject to the International Health Regulations arrived in the port, but outbreaks of gastroenteritis, mentioned below, involved Port Health Staff in considerable work.

### Gastroenteritis on a cruise ship

This ship arrived from a two week cruise in November, after visiting Agadir, Las Palmas, Dakar, Madeira and Lisbon. Relatives of passengers had received messages from the ship indicating the existence of a considerable number of cases of gastroenteritis on board.

On arrival, the Declaration of Health was clear, but enquiry showed that over 300 persons among the 600 crew and 1,100 passengers had experienced varying degrees of abdominal pain, vomiting and diarrhoea. The first cases had occurred within two days of leaving Southampton, and some passengers mentioned to the ship's surgeon that similar cases had been occurring in their home areas. No specimens were available on arrival, but subsequent investigations showed that 4 of 58 crew examined were excreting shigelle sonnei.

Particulars of affected passengers and crew on leave were sent to medical officers of areas to which they proceeded. Two of these passengers were excreting different salmonella organisms.

It was considered necessary to ensure that food handlers in the crew were not infected, but the Goanese crew, many of whom were food handlers, refused to co-operate, a situation not previously encountered. They complained of discrimination, and objected to examination as they had been checked before leaving India to join the ship. Company officials, representatives of the Indian High Commission and Indian seamen's union failed to convince the crew of the need for co-operation. As the time for the next cruise came nearer, the Company finally decided to terminate the contracts of the crew concerned, and to return them to India.

The Health Committee had authorised the Town Clerk to serve notice on food handlers on the ship requiring them to provide faecal specimens and refrain from work until cleared. The notices were under Schedule 5 of the Public Health (Infectious Diseases) Regulations 1968, but they were not served when the Goanese crew was paid off.

Food handlers rejoining for the next cruise were examined.

During enquiries it became evident that more than 150 cases of gastroenteritis had occurred among crew and passengers on the previous cruise, when Caribbean ports were visited. The cases were not reported to the Port Health Authority and were not investigated. The ship's surgeon was reminded of his obligation to report cases of infectious diseases.

The ship sailed in mid-December with 494 crew and 650 passengers on a cruise to Las Palmas and Madeira. Although the ship did not return until the second day of 1973, mention may be made of 41 cases of enteritis then reported by the ship's surgeon. Specimens from 11 crew and 15 passengers showed that 8 in all were excreting salmonellae, of two types. No dysentery germs were found.

Inspection of the ship on each arrival did not reveal any insanitary conditions in crew and passengers accommodation and galleys.

**Typhoid fever**

One passenger who disembarked from a round the world cruise had experienced mild gastroenteritis 9 days earlier. After arriving home he became ill with clinically typical typhoid fever, the organism being of a degraded Vi strain. The history suggested that he had been infected whilst ashore in Mexico.

A crew member on a tanker had been ill with fever for 8 days. He was admitted to hospital and found to have typhoid fever, Vi phage type DI. The history suggested infection while his ship was in Naples.

**Contents of report**

The report of the Chief Port Health Inspector is followed by sections required by the Department of Health. Some supplementary material dealing with other aspects of the work of the Service is also included.

# REPORT OF THE CHIEF PORT HEALTH INSPECTOR

MR. T. BORROWS

## Staff

The continuing demand for the health clearance of food and ships outside normal hours continues to place a great strain on the existing staff who are having to work excessive hours and there is little doubt that a shift system must be introduced. This is inevitably costly in manpower and money but already some aspects of port health work are receiving little attention and this cannot continue indefinitely.

## Food Inspection

Imported pasta was subjected to rigorous sampling procedure during the first three months of the year. Examination showed a high degree of bacterial activity. All ports and the Department of Health and Social Security and the Ministry of Agriculture, Fisheries and Foods were notified. At a meeting of the Liaison Committee of the Association of Sea and Air Port Health Authorities, it was agreed that the condition of this pasta was unacceptable and that all Port Health Authorities should carry out sampling and take such action as was necessary. Imports of pasta into Southampton have practically ceased but there seems to be as much pasta as ever on sale in the shops.

Sampling of South African meat continued throughout the year. The results showed a variety of salmonellae on various occasions. In each case the matter was reported to the Department of Health and Social Security and the Ministry of Agriculture, Fisheries and Food. The commencement of the Far East container service from Japan and its rapid build up in ships and containers and the extension of its ports of call to include Hong Kong and Singapore presented many problems, one of which is that foodstuffs from these areas have a high intensive examination value and also ships' manifests tend to be voluminous and each takes about two days to process through the port health office. The result is that there is an absorption of man hours that has little relation to the quantity of imports.

## Ship Inspection

The problem of cruise vessels, mentioned in last years' annual report, with their short stay in port, frequently arriving and sailing over the weekend, still remains unsolved. Special efforts were made to inspect some of these vessels and the inspectors' reports show that regular and systematic inspection is very necessary. Standards of cleanliness and hygiene leave much to be desired and it might well be thought that there could be some alleviation of some of the gastro-enteric problems met on board these vessels if more attention could be paid to these matters.

## Clean Air Act

The number of dark or black smoke emissions from vessels has remained remarkably consistent over the past few years. There were 45 cases of the emission of dark or black smoke about which vessels were boarded and the masters were warned of offences under the regulations. In only four cases could it be legitimately claimed that the emission was due to a mechanical failure; all the remaining cases were abated immediately after warning and were due to negligence. It is my belief that we have now reached the hard core of "smokers" and improvement will only be achieved by the exertion of more discipline and supervision over engine room crews. It would seem that a long overdue review of legislation and a considerable increase in the penalties which can be imposed is very necessary.

## Noise Nuisance

Complaints have been received of a noise nuisance from dredgers. Most of the complaints refer to the noise being particularly objectionable during the night time. The matter is being investigated and noise levels measured.



## **Diseases of Animals Act**

The time involved in operating many of the Orders under this Act is burdensome and cannot be sustained on existing staffing levels (an officer of this Authority can be completely occupied for a considerable time in dealing with one incident).

A person was reported to have illegally landed a white rabbit; the only information available was a name and a car registration number. The police of several counties were alerted and the hunt for the white rabbit began. The mass media obtained the information and white rabbits were reported from Kew Gardens, Poole, Essex, Northants, Newbury and Reading. One white rabbit was killed in Windsor Great Park and a dog and two contacts were put under surveillance. Each of these items had to be investigated and the amount of time involved can easily be imagined.

In view of the fact that the landing of most animals is prohibited, except under licence, and that most people are ignorant of the Orders, a poster campaign could be inaugurated. Suitable posters could be placed on car decks and in ships' foyers and alongside pursers' offices. This would bring the matter to the attention of passengers but above all it would keep the matter before the crews of vessels who could endeavour to see that any animal on board is not permitted to land unless the correct licence is produced or until the matter has been dealt with by the Port Health Authority.

## **Shellfish and Pollution**

This year saw increasing commercial activity in shellfish harvesting, but regrettably a decrease in the time spent by the Inspectorate in carrying out their responsibilities implicit in the Public Health (Shellfish) Regulations 1934/48. Due to the increasing other work load on the Inspectors and the necessity to allow the Inspectors time off for excessive overtime worked, staff availability did not permit much time to be spent on shellfish control; indeed, in the autumn and winter this work was drastically curtailed.

The reduction in shellfish control activities resulted in routine sampling from shellfish layings being reduced, the water pollution survey being halted and in a cessation of the Inspectors' activities in checking on persons harvesting with a view to ensuring that there was safe and proper disposal of shellfish.

Nevertheless some work was carried out and results achieved.

During the year 21 samples of shellfish were examined bacteriologically and 13 samples examined chemically.

The bacteriological samples showed evidence of faecal contamination and in particular one sample of mussels was found to be contaminated with *Salmonella weltevreden* and one sample of clams with *Salmonella seftenburg*. These results clearly show the need to maintain the Prohibition Orders made by the Authority and revised during this year.

Chemical analysis was carried out for heavy metals and mineral oils, the results from the limited number of samples being inconclusive and further work needs to be done in this respect.

Enforcement of the Regulations proved increasingly difficult, partly due to manpower shortage but also due to shortcomings in the Regulations themselves. However, in the early part of this year two fishermen and one distributor were successfully prosecuted for illegal harvesting and distribution of clams taken from Southampton Water.

The increasing commercial interest both in clams and oysters plus the activities of the Inspectors in the early part of the year resulted in an additional 63 fishermen being issued with permits to harvest shellfish for sale for human consumption. It is interesting to note that not all these fishermen pursue fishing as their sole means of livelihood – a number of them fish only as a part-time or week-end occupation.

It has become apparent that the Regulations are weak when endeavouring to apply them under a Prohibition Order to the sale of shellfish direct from harvester



to consumer without prior cleansing. There is the physical difficulty of establishing beyond doubt that the shellfish being sold come direct from the layings. To produce positive evidence to this effect may require many hours of enquiry and observation by the inspectorate.

There is the further difficulty of interpreting the phrase “have in his possession for the purpose of sale”. Unless a sale can be observed to take place which in itself is very difficult, one must have recourse to this phrase when dealing with a case of “illegal” harvesting. Legal minds do not like relying on this as grounds for prosecution and it would seem that we shall not be in a position to prosecute cases falling within this definition, which are likely to be the majority of prosecutable offences, until the law has been revised and amended.

This year saw two other notable events: firstly the granting of the Marchwood Clam Fishery Order 1972, which gave one commercial operator the rights for clam farming and harvesting over part of the clam shellfish layings at Marchwood.

The second event was the public enquiry into the proposed Stanswood Bay Fishery Order, which order is sought by a co-operative of local fishermen called the Stanswood Bay Oystermen Ltd. If granted, it is anticipated that this Order will give sole rights to this co-operative to farm and harvest oysters in part of Stanswood Bay.

Both measures will assist, it is hoped, in the conservation of local stocks of oysters and clams.

Section I—Staff

Table ‘A’

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointment held
Mr. R. J. Cork	Port Health Inspector	12.6.72	Diploma of Public Health Inspectors' Education Board.	Diseases of Animal Inspector
Dr. G. Thompson	Resigned	31.12.72		

Dr. A. McGregor, M.A., M.D., D.P.H., F.F.C.M.,  
Medical Officer of Health,  
Department of Community Health,  
Grosvenor House,  
18/20, Cumberland Place,  
Southampton. S09 4NX

**Section II—Amount of shipping entering the district during the year**  
**Table 'B'**

Ships from	Number	Tonnage	Number inspected		No. of ships reported as having, or having had during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign	4,366	21,701,094	1,107	2,033	64
Coastwise	20,878	9,837,855	1	464	1
TOTAL	25,244	31,538,949	1,108*	2,497	65

\*Of the 1,108 vessels, 1,093 were boarded by the Medical Officer alone and 25 were boarded by both Medical Officer and Port Health Inspector.

Section III—Character of Shipping and Trade During the Year

Table 'C'

Passenger Traffic	Number of Passengers Inwards Number of Passengers Outwards		629,124 644,146			
Cargo Traffic	Principal Imports (Foreign)		Canned foods; dairy produce; fruit (citrus); fruit (deciduous); dried fruit; vegetables; meat and meat products; provisions; wines; miscellaneous frozen foods; grain; flour; animal feeding stuffs; timber; building materials; chemical and chemical fertilizers; tobacco; crude and refined oils etc.; miscellaneous.			
	(Coastwise)		Coal; Transhipped goods and home produce.			
	Principal Exports		General manufactured goods; textiles; grain and flour; food and provisions; machinery; iron and steel; motor cars etc.			
Principal ports from which ships arrive	Abidjan	Casablanca	Gdansk	Kaosuing	Naples	Sydney
	Antwerp	Capetown	Gdynia	Kingston	New York	Tangier
	Amsterdam	Cherbourg	Genoa	Kobe	New Orleans	Teneriffe
	Apapa	Colombo	Georgetown	Kuwait	Paramaribo	Tokyo
	Auckland	Curacao	Guernsey	La Guaira	Philadelphia	Toronto
	Baltic Ports	Corunna	Gulfports	Le Havre	Port Elizabeth	Trinidad
	Barbados	Durban	Haifa	Los Angeles	Port Antonia	Vancouver
	Bilbao	Dieppe	Halifax	Madeira	Quebec	Wellington
	Bremen	Esmeraldos	Hamburg	Melbourne	Rotterdam	West African
	Bremerhaven	Famagusta	Hamina	Mena al Ahmadi	Rouen	Coast Ports
	Brisbane	Fort de France	Hong Kong	Mersa el Brega	Singapore	
	Buenos Aires	Freemantle	Jersey	Montreal	St. Helena	

Section IV—Inland Barge Traffic

Not applicable to this Port.

Section V—Water Supply

1. Source of Supply for:

(a) The District

The drinking water is supplied by the Southampton Corporation and is derived from wells and boreholes in the chalk at Otterbourne and Twyford, and from intakes on the Rivers Itchen and Test at Otterbourne and Testwood respectively.

(b) Shipping

The Southampton Corporation supplies all water for shipping requirements to the whole of the Southampton Docks managed by the British Transport Docks Board, the wharves at Marchwood, Eling and Redbridge on the River Test; the wharves on the River Itchen; and oil jetties at Fawley and Hamble in Southampton Water.

2. Reports of tests for contamination for:

(a) The District

During the year 31 samples of drinking water were taken and submitted to the Public Health Laboratory, Southampton, for bacteriological examination; of this number 2 were found to be unsatisfactory and remedial measures were carried out.

5 samples were taken and submitted to the City Analyst for chemical examination; these were found to be satisfactory.

Special sampling taps are installed at the following locations within the dock area for the purpose of checking the purity of the water supply:

- (1) H.M. Custom House
- (2) Transformer House
- (3) Pump House
- Easter Docks
- Western Docks (East end)
- Western Docks (West end)

Samples of water are taken monthly from each of these taps by the department of Waterworks Engineer and Manager and submitted for examination.

(b) Shipping

149 samples of drinking water were taken for examination; 9 samples were found to be below the standard of purity desirable for ships supplies. Remedial measures were prescribed to the masters, owners or agents of the vessels concerned.

The following table shows particulars of ships' drinking water samples taken:

	No. of ships involved	No. of samples taken	No. satisfactory	No. unsatisfactory	Total
Distribution aboard ships	50	140	132	8	140
Storage aboard ships	4	9	8	1	9

3. Precautions Taken Against Contamination of Hydrants and Hosepipes

Hydrants used for supplying water for vessels are of the processed type built into the quayside structure, and extension to the hydrant is provided by a short stand pipe which enables the supply hosepipe to be connected above the quay level. In practice, as a precautionary measure, the stand pipe is "flushed" on each occasion before the hosepipe is connected.



When not in use, the stand pipe is disconnected, hydrant capped and the well is then covered by a protective close-fitting plate set flush with the quayside.

Hosepipes used for connecting the hydrants to vessels are of the plastic type lined with rubber.

All stand pipes and hosepipes, when not in use, are stored in special boxes at positions throughout the Docks.

The British Transport Docks Board provides two special depots within the docks area for the maintenance of all equipment used in supplying vessels with water.

The hydrants, hosepipes, etc., and the storage and maintenance depots are inspected from time to time during the year by inspectors of the Port Health Authority.

#### 4. Number and Sanitary Condition of Water Boats, and Power of Control by the Authority.

10 tugs, owned by the principal towing companies in the port, are equipped for supplying drinking water to vessels which do not berth at the docks or local oil jetties.

2 vessels are also operated for supplying water to yachts and other small craft moored within the Port Health District.

The suitability of these vessels for water-carrying purposes, and the sanitary condition and maintenance of the water tanks and equipment, have been found to be satisfactory.

All the vessels are maintained and controlled under commercial or private ownership.

### Section VI—Public Health (Ships) Regulations 1970

#### 1. List of Infected Areas Regulation (6)

Arrangements for the preparation and amendment of the list, the form of the list, the persons to whom it is supplied, and the procedure for supplying it to those persons.

Under Regulation 6, a complete list of areas and seaports, in which a confirmed or suspected case of a quarantinable disease has occurred during the past 4 weeks is compiled by the Port Health Authority. The information is obtained from the Weekly Epidemiological Record issued by the World Health Organisation, and is prepared on the first day of each month.

The list is forwarded in letter form to H.M. Customs and Excise for distribution to all Preventive Officers of H.M. Customs Waterguard engaged on boarding duties, and to all Inward Pilots engaged within the Port and district of Southampton.

Any amendment found necessary to the list in the interim period of the dates of issue is forwarded, in the form of a supplement, to the persons concerned.

#### 2. Radio Messages

(a) Arrangements for sending permission by radio for ships to enter the district. (Regulation 13).

Southampton is not a radio transmitting port for the purposes of this Regulation.

(b) Arrangements for receiving messages by radio from ships and for acting thereon. (Regulation 14 (1) (a) and (2)).

Arrangements have been made for the reception (and decoding if necessary) of wireless messages sent direct to the Port Health Office and the telegraphic address of 'Portelth Southampton' has been registered by the Post Office for this purpose.

Wireless messages which are not sent direct are received through approved shipping agents who have satisfied this Authority that they possess facilities for

receiving such messages at all times of the day or night, and can undertake prompt transmission to the Port Health Office or to the duty officer, of any messages received by them relating to the state of health on board.

Upon receiving a wireless message indicating infectious disease on board, any special action required and deemed necessary by the Port Medical Officer for the mooring or berthing of the vessel or for the detention at a Mooring Station is given as a directive to the Agents for the guidance of the Master, and the vessel is boarded by the Port Medical Officer immediately upon arrival.

### 3. Notifications Otherwise than by Radio (Regulation 14 (1) (b)).

Arrangements for receiving notifications otherwise than by radio and for acting thereon.

The Waterguard of H.M. Customs and Excise maintain a continuous launch patrol of Southampton Water throughout the day and night, and any case of sickness coming to their notice, which has not previously been reported by the Master, is notified to the Port Health Authority.

The Calshot Signal Station and the Docks Signal Station also report any vessel observed to be displaying a signal indicating circumstances requiring the attention of the Port Medical Officer.

Upon receiving a message, the vessel is boarded by a Port Medical Officer as soon as possible at its place of anchorage, or immediately on arrival at the berth.

### 4. Mooring Stations (Regulation 22 to 30)

Situation of Stations, and any standing directions issued under these Regulations.

The following Mooring Stations have been established with the concurrence of the Customs and Harbour Authorities.

Inner Mooring Station—Netley Anchorage (Small ships only)

Outer Mooring Station—Cowes Roads or Motherbank area (At Pilots discretion) (The above Mooring Stations came into operation 17.9.71).

### 5. Arrangements for—

(a) Hospital accommodation for infectious diseases (other than smallpox—see Section VII)

The Regional Hospital Board is responsible for the provision of such accommodation. Beds are available for cases of infectious diseases in the Southampton Western Hospital, and in the event of the hospital being full, arrangements are made for patients to be accommodated in isolation hospitals situated outside the area.

(b) Surveillance and follow up of contacts

The declaration of address and notification of change of address system is in operation for contacts disembarking at the port.

The Medical Officer of Health of the district to which passengers are proceeding is informed by letter, giving necessary particulars; contacts remaining in the city are kept under observation by the Medical Officer of Health.

A similar surveillance and notification procedure is applied to any members of crew whether leaving the ship, remaining on board at Southampton, or proceeding in the vessel to another port.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.

Disinfection by formalin spray, together with the thorough cleansing of living quarters and hospital accommodation is carried out on all ships after the removal of infectious cases and infected bedding from the quarters.

Disinfection is normally carried out by the staff of the Port Health Authority but in some instances the work is carried out by the shipping companies under the supervision of the Port Health Inspector.

Contacts and other persons requiring disinfection are taken to the Corporation Disinfecting Station, where fully equipped bathrooms are available. All infected bedding, clothing and other articles removed from ships are also dealt with at the Station by means of steam disinfectors.



**Section VII—Smallpox**

- 1. Name of Isolation Hospital to which Smallpox cases are sent from the District:  
Weyhill Hospital, near Andover.
- 2. Arrangements for transport of such cases to that Hospital by Ambulance, giving the name of the Authority responsible for the Ambulance and the Vaccinal State of the Ambulance Crews:  
The Southampton Corporation control and maintain a fleet of Ambulances at the Health Centre, East Park Terrace, and the transport of such cases to hospital is effected by an ambulance from the depot.  
All crews are offered vaccination annually.
- 3. Name of Smallpox Consultant available:  
Dr. Angus McGregor, Medical Officer of Health.
- 4. Facilities for Laboratory Diagnosis of Smallpox:  
All material from smallpox or suspected smallpox cases for which laboratory diagnosis is required, is sent to the Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

**Section VIII—Venereal Disease**

Information as to the location, days and hours of the available facilities for the diagnosis and treatment of venereal disease among merchant seamen under international arrangements, including in-patient treatment and the steps taken to make these facilities known to seamen.

The treatment centre in Bullar Street, Southampton, and a clinic situated in the Eastern Docks are devoted entirely to the treatment of venereal diseases, and provide all facilities for treatment for sailors under the International Convention.

The two clinics are open at the following times:

Town Clinic:	Monday to Friday	0900–1200 hours
		1700–1900 hours
Dock Clinic:	Monday to Friday	0900–1000 hours
		1600–1700 hours
	Saturday	0900–1000 hours

The Centres are under the supervision of a full-time medical officer and facilities are provided for daily treatment. The treatment centres have the full co-operation of ships' surgeons and shipping companies, who accept certificates of fitness to resume duty issued by the medical officer.

Cases of venereal disease on board vessels in the port coming to the notice of the port medical officers, are referred, in the first instance, to the centre in Bullar Street, and subsequently receive further treatment either at the centre or at the clinic situated in the docks.

In-patient treatment is provided at the General Hospital, Southampton.

Leaflets giving particulars of the facilities available are left by the port health inspectors on board vessels visited by them, and particulars are also given to seamen making application at the Port Health Office.

Notice giving particulars about these diseases are fixed in all the public conveniences in the docks.

**Section IX—Cases of Notifiable and other Infectious Diseases on Ships**

**Table 'D'**

Category	Disease	No. of cases during the year		No. of ships concerned
		Passen- gers	Crew	
Cases landed from ships from foreign ports	Chickenpox ... ..	11	2	9
	Dysentery (Sonne) ... ..	—	4	1
	Gastro enteritis ... ..	1	—	1
	German Measles ... ..	1	—	1
	Infective hepatitis ... ..	4	—	3
	Measles ... ..	20	—	8
	Mumps ... ..	11	—	9
	Pneumonia ... ..	6	—	5
	Pulmonary T.B. ... ..	—	1	1
	Pyrexia ... ..	3	3	6
	Tonsillitis ... ..	3	—	3
	Typhoid Fever ... ..	—	1	1
	Venereal disease ... ..	—	1	1
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Chickenpox ... ..	2	1	3
	Pyrexia ... ..	—	1	1
Cases landed from other ships	Tonsillitis ... ..	—	1	1

**Section X—Observations on the Occurrence of Malaria in Ships**

Two cases of Malaria were reported to have occurred on vessels during the voyage, both were crew members and were recovered on arrival at Southampton.

**Section XI—Measures taken against Ships Infected with or Suspected for Plague**

No ship arrived on which plague or suspected plague was reported during the voyage.

**Section XII—Measures against Rodents in Ships from Foreign Ports**

**I. Procedure for inspection of Ships for Rats:**

A number of vessels for which Southampton is the terminal port for passenger disembarkation and discharge of cargo, are regularly inspected every six months for the renewal of the Form Port II Certificate. Routine inspections are also carried out by the port health inspectors during the interim period of the granting of such Certificates to these vessels.

Where practicable, routine inspections for evidence of rat infestation are made by the port health inspectors and rodent operative on all other vessels arriving



at the port, and in special circumstances daily inspections of ships' holds are carried out during the period of the discharge of cargoes.

2. Arrangements for the Bacteriological or Pathological examination of rodents with special reference to Rodent Plague, including the number of rodents sent for examination during the year:

A proportion of any rats caught on vessels, and all rats found dead from causes not apparent, are submitted to the Public Health Laboratory in Southampton for examination.

3. Arrangements in the District for Deratting Ships, the methods used, and, if done by a commercial contractor, the name of the contractor:

Where methods of trapping or poisoning are considered adequate, shipping companies employ professional contractors for this work.

In other cases of rat infestations, the deratting of ships is carried out by fumigation contractors using cyanide gas or methyl bromide.

The following contractors are available for such purposes:

Rentokil Laboratories Ltd., 112 Victoria Dock Road, London, E.16.

Contra-Pest Services Ltd., 2 Ranelagh Road, London, E.6.

4. Progress in the Rat-Proofing of Ships:

Schedules of work are served on shipping companies in all cases where it is found necessary to correct or protect rat harbourages or runs in vessels requiring Deratting Exemption Certificates.

**Table 'E'**

Rodent destroyed during the year in ships from Foreign Ports

Category	Number
Black rats	Nil
Brown rats	2
Species not known	Nil
Sent for examination	2
Infected with plague	Nil

Table 'F'

Deratting Certificates and Deratting Exemption Certificates issued during the year for Ships on arrival from Foreign Ports

No. of Deratting Certificates issued				Number of Deratting Exemption Certificates issued	Total Certificates issued
After fumigation with		After Trapping	After Poisoning		
H.C.N.	Other fumigants (State method)				
—	—	—	8	8	215

### Section XIII—Inspection of Ships for Nuisances

Table 'G'

Inspections and Notices

Nature and number of inspections	Notices served		Result of serving notices	
	Statutory notices	Other notices		
Defects through wear and tear, Verminous and other conditions prejudicial to health	1,521	Nil	224	104 (complied)

## Section XIV—Public Health (Shellfish) Regulations 1934/48

There are natural shellfish beds within the jurisdiction of this Authority, which are, in the opinion of the Port Medical Officer, liable to pollution.

Recent large finds of oysters and clams in commercial quantities have made it necessary to replace the existing Southampton Shellfish Orders of 1953 and 1965 by two new Orders made in July, 1971, prohibiting the distribution for sale for human consumption of oysters, cockles, butterfish, whelks, mussels or clams taken from:

- (i) North east and north west respectively of a line drawn from Calshot Point to Calshot Buoy and thence in a straight line to Hill Head unless they have been either (a) relaid for such period and in such places as may, from time to time be approved by the Council, or, (b) subject to an approved process of sterilisation.

This area covers the main clam beds.

During the year The Marchwood Clam Fishery Order, 1972, was published which gave Newtown Oyster Fishery Co. Ltd., a several rights order for exclusive fishing for clams for 30 years over that part of the foreshore situate near Marchwood – an area within the above boundary.

- (ii) that part of the area of the Port Health Authority known as Stanswood Bay as is bounded by a straight line from Calshot Point to Calshot Buoy thence in a straight line to Stone Point, unless they have been either
  - (a) relaid for such period in such places as may from time to time be approved by the said Council.
  - (b) Subject to approved process of sterilization.
  - (c) Subject to a process of purification approved by the Secretary of State for Health & Social Security.

This area covers the main oyster beds.

Since these Orders became effective, authority has been given for 80 applicants to harvest oysters and clams for relaying and/or purification at approved places. In all cases the relaying beds or purification plants are in areas outside the jurisdiction of this Authority and approval has only been granted after consultation with the Authorities concerned.

Copies of the Orders are posted at various points during the year and the prohibitions are brought to the notice of the public by insertion of the Orders in the local press.

Observations have been taken from time to time by Officers of the Port Health Authority and it has been of some concern that it appeared that the Prohibition Orders were being flouted. The present Regulations are difficult to administer and the practical difficulties of patrolling such a large coastline are enormous; nevertheless the Authority felt it necessary that breaches of the Prohibition Order should be stopped and eventually, after intensive observations and patrolling 3 cases came to court and the offenders were fined a total of £175.

Seaport

Nature and Amount of Aliens Traffic

	Total	Number subjected to detailed inspection	Certificates issued				
			A	B (I)	B (2)		
			Unsound mind or mentally defective	Undesir- able for medical reasons	(a) Inability to support medical treatment	(b) Likely to require medical treatment	(c) Inability to support and likely to require medical treatment
							C Condi- tionally landed for further medical treatment
1. Total number of aliens arriving in the port ... ..	108,331	605	-	2	-	9	-
2. Aliens refused permission to land by the Immigration Officer ... ..	6	6	-	3	3	-	-
TOTAL ...	108,337	611	-	5	3	9	-

I Certificate (A) issued in respect of alien member of ships crew – Refused leave to land

Airport

... .. 4,018 - - - - -



Commonwealth Immigrant Act 1962

Medical Examinations

Seaport

Total number of arriving Commonwealth citizens subject to control under the Act	Total number of Commonwealth citizens medically examined	Nature of report or certificate			Number of Commonwealth citizens refused entry
		A Suffering from mental disorder	B(1) Un-desirable for medical reasons	B(2) Likely to require major medical treatment	
14,479	1,447	1	2	14	3

1 Certificate (B1) issued for Commonwealth Crew member—Refused landing

Airport  
32

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Section XV—Medical Inspection of Aliens & Commonwealth Immigrants

1. List of Medical Inspectors of Aliens and Commonwealth Immigrants holding Certificates of Appointment:

- Dr. Angus McGregor

Dr. W. P. Cargill

Dr. H. D. Rossiter

Dr. R. H. Hunt

Dr. J. Russell

Dr. Jeanette Morrison

Dr. Catherine Atkins
- Dr. Bethan Davies

Dr. A. C. Franks

Dr. W. M. Skinner

Dr. W. J. G. Hughes

Dr. M. A. Gilbert

Dr. G. O. Percival

2. List of other Staff engaged on this work:  
Nil.

3. Organisation of Work:  
The medical inspection of aliens and commonwealth immigrants is carried out on all vessels at the time of arrival and before the passengers are disembarked.

4. (a) Nature and amount of Aliens and Commonwealth Immigrants traffic:  
(See tables)

(b) Number of conditional entries of Commonwealth Immigrants:

Number of arrivals	Number medically examined	Number landed conditionally
14,479	1,447	Nil

5. Accommodation for medical inspection and examination.

On all vessels, the doctor's office or hospital and other suitable accommodation is used for detailed examination.

If female passengers have to be examined, the ship's doctor or purser of the vessel provides a nurse or stewardess to assist.

**Section XVI—Miscellaneous**

Arrangements for the burial on shore of persons who have died on board ship from infectious disease:

Arrangements are made on application to the Superintendent of the Cemeteries and the Crematorium situated within the City of Southampton and maintained by the Corporation.

Infectious and Other Diseases

Table showing the number of cases reported on vessels arriving in the Port of Southampton.

Disease	Total cases reported	How dealt with					
		Removed to hospitals or nursing homes	Landed at other ports before arriving at Southampton	Proceeded in vessels to other ports	Landed at Southampton but did not proceed to hospital	Died at Sea	Recovered on arrival
Abscesses ... ..	2	1	—	—	1	—	—
Accidents ... ..	18	14	—	1	2	1	—
Appendicitis ... ..	8	6	1	1	—	—	—
Asthma ... ..	3	1	—	—	—	1	1
Bronchitis ... ..	13	8	—	1	3	1	—
Cancer ... ..	6	—	1	—	1	4	—
Cerebral Haemorrhage ... ..	5	—	—	—	—	5	—
Chickenpox ... ..	37	1	3	1	12	—	20
Coronary Thrombosis ... ..	27	9	2	—	3	13	—
Duodenal Ulcers ... ..	1	—	—	—	1	—	—
Diarrhoea ... ..	302	—	—	1	1	—	300
Dysentery ... ..	4	—	—	—	4	—	—
Gastritis ... ..	1	1	—	—	—	—	—
Gastro-enteritis ... ..	307	—	—	—	1	—	306
German Measles ... ..	19	—	—	1	1	—	17
Heart diseases ... ..	69	18	3	—	11	35	2
Influenza ... ..	81	—	—	1	—	—	80
Infective hepatitis ... ..	4	1	—	—	3	—	—
Malaria ... ..	2	—	—	—	—	—	2
Measles ... ..	45	3	—	1	17	—	26
Mumps ... ..	19	1	—	—	10	—	8
Mental Disorders ... ..	9	5	—	2	2	—	—
Pneumonia ... ..	8	5	—	—	1	2	—
Pyrexia ... ..	9	6	1	1	—	—	1
Pharyngitis ... ..	3	—	—	1	—	—	2
Salmonella (ex: train) ... ..	1	1	—	—	—	—	—
Scabies ... ..	2	—	—	1	1	—	—
Tonsillitis ... ..	5	1	—	1	3	—	—
Tuberculosis ... ..	1	1	—	—	—	—	—
Typhoid or Paratyphoid fevers ... ..	1	1	—	—	—	—	—
Ulcers ... ..	4	1	1	—	—	—	2
Venereal Disease ... ..	1	1	—	—	—	—	—
Virus Infection ... ..	300	—	—	—	—	—	300
Other Diseases ... ..	76	33	1	7	17	10	8
TOTAL ... ..	1,393	119	13	21	95	72	1,075

### **Southampton Airport**

This airport was formally designated a Customs Airport in March, 1962. The Borough Council had, in 1961, agreed to act as responsible authority under the Public Health (Aircraft) Regulations. During the year, the services operating did not require the attendance of a medical officer.

The Port Health Officer was required on one occasion to deal with the illegal landing of a cat under the Importation of Dogs and Cats Order.

### **Dangerous Drugs**

3 Certificates were issued under the Dangerous Drugs Regulations, 1923.

### **Medical Arrangements for Long-Stay Immigrants**

The arrangements made at the request of the Minister of Health in a circular letter dated 4th January, 1965, continued during the year.

1,469 immigrants and dependants were notified by this Authority to Medical Officers of Health for districts throughout the United Kingdom.

### **The Public Health (Ships) Regulations, 1970**

International Certificates of Vaccination against Smallpox and Cholera:

The enforcement of the above regulations has been applied to ships arriving from infected areas and endemic areas.

The names and addresses of all persons who arrive on such vessels and who cannot produce a valid certificate are notified to the medical officer of health of the districts to which they state they are proceeding.

During 1972, 424 notifications were sent.

### **Tracing of Contacts of Tuberculosis Among Merchant Seamen**

Contacts of a Laundryman, notified as suffering from Tuberculosis were dealt with by the Medical Superintendent of a shipping company.

No notifications were sent to the Local Federation Medical Officer during 1972.

### **Prevention of Damage by Pests Act, 1949**

Part I of the Act requires the Port Health Authority to secure as far as is practicable that their district is kept free from rats and mice, and requires the owner or occupier of any land to take steps for the destruction of the rats and mice.

The work of rodent control on the docks is undertaken by a firm of private contractors, who work in close liaison with the Port Health Authority. The port health rodent officer makes regular and routine inspections of the dockside premises with the help and advice of the port health inspectors when necessary.

154 inspections were made of dockside premises. Any evidence of rodents was reported to the contracting company who immediately gave the necessary attention.

The Prevention of Damage by Pests (Application to Shipping) Order, 1951, requires a local Authority to secure as far as practicable that any vessel in the district which is not a sea-going ship is kept free from rats and mice.

60 Rodent Control Certificates were issued to such ships. The certificates are valid for four months from the date of issue.

### **Clean Air Act, 1956**

Section I of the Clean Air Act, 1956, as applied by Section 20 of that Act, makes it an offence to emit dark smoke from the chimney (funnel) of a vessel for periods longer than those specified under The Dark Smoke (Permitted Periods) (Vessels) Regulations, 1958, which became operative 1st June, 1958.

In enforcing the Regulations, the Port Health Authority's printed instructions on "Smoke Control" are given to the Masters of arriving vessels and every endeavour is made by the Port Health Inspectors to observe vessels whilst in Port.

It was found necessary to warn the Masters of 28 British vessels and 16 vessels of other nationalities in regard to the emission of dark or black smoke. 40 offences were attributed to faulty or negligent firing of furnaces whilst the vessels were in port and 4 were caused by mechanical defects.



**Clean Air Act, 1968**

Application was made under Section 6 for the erection of boiler houses at the following places in the Dock area:

- Southern Ships Stores, Test Road, Eastern Docks
- Solent Container Services, 204/5 Berth, Western Docks
- Maintenance Shed, 204 Berth, Western Docks
- Maintenance Shed, 201 Berth, Western Docks
- Central Stores, West Bay Road, Western Docks
- Civil Works Yard, Western Docks.

Approval was granted by the Town Planning & Estates (Plans) sub-committee in each case, subject to the following conditions:

- (i) That light oil of not more than 45 seconds Redwood be used
- (ii) The sulphur content of the oil not to exceed 1%
- (iii) The installations to be operated in such a manner that the chimney emissions do not cause a nuisance to persons employed in the vicinity.

**Noise Abatement Act—Noise from dredgers**

Complaints from residents regarding excessive noise from the operations of bucket dredgers during the night led to the observation and measurement of noise levels from this source.

A severe noise nuisance was found to exist and representations have been made to the company concerned. The company has so far failed to implement their agreement to call a meeting between port users and the Port Health Authority to discuss the matter.

**The Food Hygiene (General) Regulations, 1970**

In accordance with the above Regulations regular visits were paid by the Port Health Inspectors to the home-going vessels in the district.

The following irregularities were found:

4 vessels had no hot water supply, 2 vessels with no “Wash your hands” notices and 1 vessel had a washroom without a door.

**Hygiene of Crew Spaces**

Routine inspection of crew spaces have been carried out. Nuisances, together with structural defects caused by wear and tear, defects of original construction and other matters considered prejudicial to health have been dealt with as under:

Verbal notices to abate nuisances—224

Classification of Defects are given below:

Nature of complaints	Defects Found	Defects Remedied
Accumulation of refuse ... ..	12	7
Crews' quarters—untidy, dirty, defective paintwork, etc.	16	7
Choked scuppers ... ..	16	8
Chopping blocks—work benches dirty or dilapidated ...	26	10
Decks, deckheads—broken, dirty and leaking ... ..	40	22
Excessive condensation ... ..	2	—
Galley and Pantries—dirty condition, defective or dirty equipment ... ..	87	57
Hot water system—defective ... ..	3	1
Nuisances—Noise, Fumes, etc. ... ..	2	1
Infestations—Rodents ... ..	11	8
Cockroaches ... ..	92	43
Weevils, Moths and Silverfish ... ..	7	5
Provision Storerooms—dirty condition, paintwork defective	21	8
Refrigerators—defective, dirty condition ... ..	19	10
Water, Drinking—Dirty tanks, defective fountain, defective hosepipes ... ..	4	—
W.C.s, Washhouses—Defective, choked, dirty condition, leaky pipes, etc. ... ..	47	18
	<u>405</u>	<u>205</u>
	(on 224 vessels)	(on 104 vessels)

### Passenger and Crew Traffic dealt with by the Authority

The number of passengers arriving at the port from foreign ports was 627,731. The number of crew arriving from foreign ports was 283,421 and from coastwise 10,089.

592,486 passengers landed from 2,090 vessels in Southampton Docks; in addition 358 passengers landed from 7 vessels in Cowes Roads.

### Oil Tankers

3,656 vessels arrived in the Authority's area to discharge or load fuel oil or spirit at the oil jetties at Fawley and Hamble.

### Diseases of Animals Act

During the year the following livestock was imported or exported through the Port of Southampton and were dealt with by the port health inspectors.

Imports	Exports
Camels ... .. 1	Calves ... .. 7,089
Cats (under licence) ... .. 16	Cats ... .. 10
(destroyed) ... .. 1	Cattle ... .. 336
(illegal landings) ... .. 9	Elephants ... .. 23
Dogs (under licence) ... .. 113	Dogs ... .. 49
(illegal landings) ... .. 13	Lions ... .. 9
Hampster ... .. 1	Pigeons ... .. 39,000
Monkeys (illegal landings) ... .. 2	Pigs ... .. 5,586
(under licence) ... .. 2	Ponies ... .. 215
Ponies ... .. 6	Sheep ... .. 352
Horses ... .. 55	Horses ... .. 456
White Rabbit (illegal landing) ... .. 1	
<i>Transhipments</i>	
Dogs ... .. 4	

Quantities of prohibited hay and straw were brought into the country, mostly as litter. This was either burned or shipped out for dumping at sea.

Total vessels involved under the Diseases of Animals Act was 306—all these vessels were boarded by the port health inspector.

**FOOD INSPECTION IN THE PORT**

**The Food & Drugs Act, 1955 and Regulations made thereunder  
The Imported Food Regulations, 1968**

During the year the following Regulations affecting imported foods were introduced:

- The Lead in Food (Amendment) Regulations, 1972
- The Food (Control of Irradiation) (Amendment) Regulations, 1972

The following were the principal food imports:

Cereals (including flour)	...	...	...	...	163,841 tons
Fruit and Vegetables (including canned)	...	...	...	...	434,929 „
Dairy Products	...	...	...	...	25,012 „
Molasses and Sugar	...	...	...	...	830 „
Fish (including canned)	...	...	...	...	37,390 „
Oil Seed and Nuts	...	...	...	...	1,672 „
Other foodstuffs	...	...	...	...	176,260 „
TOTAL					839,934 tons

**Results of Food Inspection**

The total amount of foodstuffs found to be unfit for human consumption during 1972 was:

844 tons 11 cwts. 1 qr. 14 lb. 16oz.

All commodities were surrendered to the Port Health Authority for destruction by burning or controlled tipping or were disposed of for purposes other than human consumption.

**Sampling of Imported Foodstuffs**

657 samples were submitted to the City Analyst. The number found to be unsatisfactory was 82.

772 samples were submitted to the Public Health Laboratory. The number found to be unsatisfactory was 183.











